

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Diana Hynek  
Departmental Paperwork Clearance Officer  
Office of the Chief Information Officer  
14th and Constitution Ave. NW.  
Room 6625  
Washington, DC 20230

02/28/2005

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a new information collection received on 02/11/2005.

TITLE: Alaska Region BSAI Crab Permits

AGENCY FORM NUMBER(S): None

ACTION : APPROVED WITHOUT CHANGE

OMB NO.: 0648-0514

EXPIRATION DATE: 02/29/2008

BURDEN:	RESPONSES	HOURS	COSTS(\$ ,000)
Previous	0	0	0
New	4,121	8,466	32
Difference	4,121	8,466	32
Program Change		8,466	32
Adjustment		0	0

TERMS OF CLEARANCE:

This approval is associated with the final rule published under RIN 0648-AS47. The agency is instructed to conduct a focused outreach campaign prior to submission of a request for extension for this ICR to validate burden estimates and elicit suggestions from the regulated community for reducing the burden of this program. The results of this campaign must be summarized in the submission.

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OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

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# PAPERWORK REDUCTION ACT SUBMISSION

**Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. _____ - _____
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested ( <i>check one</i> ) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) ( <i>if applicable</i> )	
9. Keywords	
10. Abstract	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "x"</i> ) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond ( <i>check one</i> ) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission)  Name: _____ Phone: _____

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)	
Signature	Date
Signature of NOAA Clearance Officer	
Signature	Date

**SUPPORTING STATEMENT  
ALASKA REGION BSAI CRAB PERMITS  
OMB CONTROL NO. 0648-xxxx**

**INTRODUCTION**

The Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) authorizes the North Pacific Fishery Management Council (Council) to prepare and amend fishery management plans for any fishery in waters under its jurisdiction. National Marine Fisheries Service (NMFS) manages the crab fisheries in the waters off the coast of Alaska under the Fishery Management Plan for Bering Sea and Aleutian Islands Crab (FMP). Regulations implementing the FMP appear at 50 CFR part 680. Regulations at 50 CFR part 679 and subpart H of 50 CFR part 600 also pertain.

Amendments 18 and 19 amend the FMP to include a Voluntary Three-Pie Cooperative Program (herein after referred to as the Crab Rationalization Program (Program)). Congress amended the Magnuson-Stevens Act to require the Secretary of Commerce to approve the Program.

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary.**

The Program reallocates BSAI crab resources among harvesters, processors, and coastal communities. This collection-of-information addresses the permits, transfers, and cost recovery procedures for the Program.

**2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.**

NMFS determined the need for a “crab fishing year” to accommodate biological and administrative requirements of the crab fishery. The crab fishing year will run from July 1 to June 30 to support molting and mating requirements for crab, required biological surveys, the State of Alaska’s calculation of the total allowable catch (TAC), and Federal administrative application and permitting requirements.

**a. Application for Crab Quota Share (QS) or Processor Quota Share (PQS).**

An applicant is eligible to receive PQS if a U.S. citizen at the time of application and legally processed any crab QS species during either 1998 or 1999. In addition, the Council provided an exemption to this eligibility requirement to accommodate long-term participants in the fishery who did not participate in 1998 or 1999.

An applicant is eligible to receive QS if that person processed Bering Sea snow crab during each season from 1988 through 1997 and invested at least \$1,000,000 in processing equipment and facilities during the period from January 1, 1995, through June 10, 2002.

The Regional Administrator will issue QS or PQS to an applicant if an application for QS or PQS is completed and is submitted by or on behalf of the applicant during the specified application period, and if the applicant meets all criteria for eligibility and allocation. The Regional Administrator will send application materials to the person identified as an eligible applicant in the official crab rationalization record. An application form may also be obtained from the Internet or requested from the Regional Administrator. An application for QS or PQS may be submitted by mail, facsimile, or hand delivery to the NMFS, Alaska Region.

### **Application for Crab QS and PQS**

#### **Block A --Type of QS or PQS for which person is applying.**

Select the type of QS or PQS for which the applicant is applying

#### **Block B – Applicant information.**

Name, NMFS Person ID (if applicable) and Tax ID/social security number (SSN) of applicant;

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Permanent business mailing address, telephone number, facsimile number, and e-mail address (if available)

Indicate (YES or NO) whether applicant is a U.S. citizen; If YES, his or her date of birth;

Indicate (YES or NO) whether applicant is a U.S. corporation, association, or other business entity;

If YES, the date of incorporation;

Indicate (YES or NO) whether applicant is deceased; If YES, date of death.

A copy of the death certificate must be attached to application;

Indicate (YES or NO) whether applicant is no longer in existence; If YES, date of dissolution.

Valid evidence of dissolution must be attached to application;

#### **Block C – Fishery and QS/PQS type**

Indicate the crab QS fishery and type of QS/PQS for which applying

#### **Block D -- CVO or CPO QS.**

For vessels whose catch histories are being claimed for purpose of the crab QS program

Name and ADF&G vessel registration number of vessel

State of Alaska interim use (IUP) permit card numbers

USCG documentation number

Moratorium crab permit number(s)

Crab LLP license number(s) held by the applicant and used on that vessel

Qualifying years or seasons fished by fishery

Dates during which those permits were used on that vessel

Indicate (YES or NO) whether applicant is applying for QS for any crab QS fishery for which the applicant purchased an LLP license prior to January 1, 2002, in order to remain in that fishery.

If YES, include LLP crab license number, name, ADF&G vessel registration number, and USCG documentation number of vessel.

Indicate (YES or NO) whether QS is being claimed based on the fishing history of a vessel that was lost or destroyed.

If YES, include the name, ADF&G vessel registration number, and USCG documentation number of the lost or destroyed vessel, the date vessel was destroyed or lost, and evidence of the loss or destruction

Indicate (YES or NO) whether the lost or destroyed vessel was replaced with a newly constructed vessel.

If YES, include the name, ADF&G vessel registration number, and USCG documentation number of the replacement vessel, date of vessel construction, and date vessel entered fishery(ies)

Indicate (YES or NO) whether the replacement vessel participated in a Bering Sea crab fishery by October 31, 2002.

If YES, provide documentation of the vessel's participation.

If applying for CPO PQS, indicate (YES or NO) whether applicant processed crab from any of the crab fisheries included in Block C onboard a vessel authorized by one of the LLP licenses listed above in 1998 or 1999.

If YES, enter information for the processed crab, including harvest area, date of landing, and crab species.

Block E – CVC or CPC QS.

Indicate (YES or NO) whether applicant has at least one landing in three of the qualifying years for each crab species for which applying for QS

If YES, enter IUP permit number; name, ADF&G vessel registration number, and USCG documentation number of vessel on which harvesting occurred. Select qualifying years or seasons by QS fishery and the dates during which those permits were used on that vessel.

Indicate (YES or NO) whether applicant is a recent participant in a crab QS fishery.

If YES, enter IUP permit number; name, ADF&G vessel registration number, and USCG documentation number of vessel on which harvesting occurred. Select qualifying years or seasons by QS fishery and the dates during which those permits were used on that vessel.

Indicate (YES or NO) whether a person is applying as the successor in interest to an eligible applicant.

If YES, attach documentation proving the person's status as a successor-in-interest and evidence of the death of that eligible applicant;

Block F – Processor QS.

Indicate (YES or NO) whether the applicant processed any of the crab species included in the Crab QS program in 1998 or 1999.

If YES, enter the facility name and ADF&G processor code for each processing facility where crab, from any of the crab QS fisheries were processed and the qualifying years or seasons for which applicant is claiming eligibility for PQS

If NO, indicate (YES or NO) whether applicant is claiming eligibility under hardship provisions;

If YES, both of the following provisions must apply to a processor to obtain hardship provisions; attach documentation of the following circumstances:

Applicant processed QS crab in 1998 or 1999, or processed BSS crab in each season between 1988 and 1997; and

Applicant invested a total expenditure in excess of \$1,000,000 for any processing facility, processing equipment, or a vessel for use in processing operations, including any improvements made to existing facilities made from January 1, 1996 to June 10, 2002;

Indicate (YES or NO) whether applicant has entered into a Community Right of First Refusal (ROFR) contract, pertaining to the transfer of any PQS and/or IPQ subject to ROFR and issued as a result of this application.

An application for PQS from a person based on legal processing that occurred in an ECC, other than Adak, must attach:

An affidavit1 signed by the applicant stating that notice has been provided to the ECC of the applicant's intent to apply for PQS 60 days prior to the end of the application period.

If the ECC designates an entity to represent it in the exercise of ROFR, attach an affidavit2 of completion of a contract for ROFR that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act. The affidavit must be signed by the applicant for initial allocation of PQS and the designated ECC entity.

A list of contract terms is available from [www.fakr.noaa.gov](http://www.fakr.noaa.gov)

An application for crab QS or PQS from a person based on legal processing that occurred in the Gulf Of Alaska north of a line at 56E20' N. lat. must attach an affidavit3 signed by the applicant stating that notice has been provided to the City of Kodiak and Kodiak Island Borough of the applicant's intent to apply for PQS 60 days prior to the end of the application period.

If the City of Kodiak and Kodiak Island Borough designate an entity to represent it in the exercise of ROFR, attach an affidavit4 of completion of a contract for ROFR that includes the terms enacted under the Consolidated Appropriations Act of 2004 (Public Law 108-199) and that is signed by the applicant for initial allocation of PQS and the ECC entity designated by the City of Kodiak and Kodiak Island Borough. A list of contract terms is available from [www.fakr.noaa.gov](http://www.fakr.noaa.gov).

If applicant is applying to receive PQS for the WAG crab QS fishery, indicate (YES or NO) whether applicant owns a crab processing facility in the West region.

Block G – Applicant signature.

Printed name and signature of applicant and date signed.  
If authorized representative, attach proof of authorization to the application.

<b>Application for QS or PQS, Respondent</b>	
Number of respondents	1,000
Frequency of response	1
<b>Total annual responses</b>	<b>1,000</b>
Time per response	2 hr
<b>Total burden hours</b>	<b>2,000 hr</b>
<b>Total personnel cost</b> (\$25 x 2,000)	<b>\$50,000</b>
<b>Total miscellaneous costs</b>	<b>\$6,100</b>
Postage (\$6 x 250 = \$1,500)	
FAX (\$6 x 750 = \$4,500)	
Photocopy (0.10 x 1000 = 100)	

<b>Application for QS or PQS, Federal Government</b>	
Number of responses	1,000
Time requirement for handling of each application (15/60)	0.25 hr
<b>Total burden hours</b>	<b>250 hr</b>
<b>Total personnel cost</b> (\$25 x 250)	<b>\$6,250</b>

#### **b. Annual application for crab IFQ/IPQ permit**

Prior to the annual issuance of IFQ or IPQ for a crab fishery, each person that wishes to receive IFQ or IPQ must submit an Annual application for crab IFQ /IPQ permit. This application is necessary so that NMFS can administer the program, specifically:

To determine the designation of Class A and Class B IFQ in each crab fishing year for each person;

To determine whether the applicant will be using the IFQ as part of a crab harvesting cooperative; and

To ensure that an EDR has been submitted. The QS and PQS holder must apply for their annual IFQ or IPQ permits by August 1 for that crab fishing year.

For the application to be considered complete, all required fees must be paid to NMFS, and any economic data report (EDR) required by NMFS must be submitted to the data collection agent (DCA).

Non-individuals holding QS must submit an affidavit on an annual basis, along with the Annual Application for Crab IFQ/IPQ Permit, to attest to whether an affiliation exists between a PQS or IPQ holder and the IFQ recipient

#### **Annual application for crab IFQ/IPQ permit**

##### **BLOCK A – Applicant information**

Name and NMFS Person ID number.

Date of birth or incorporation

SSN (optional) or Tax ID

Privacy Act Statement: Federal regulations (at 50 CFR Part 680) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records

Permanent and temporary (optional) business mailing address.

Business telephone number, Fax number and e-mail address

##### **BLOCK B – Crab IFQ or IPQ permit identification**

Indicate the type of crab IFQ or IPQ permit for which applicant is applying by QS fisher(ies)

Indicate (YES or NO) whether applicant joined a crab harvesting cooperative

If YES, provide name of crab harvesting cooperative. Applicant must ensure that this application is submitted by the applicant's cooperative with its completed application for an annual crab harvesting cooperative IFQ permit

**BLOCK C – Identification of ownership interests**

If applicant is not an individual, provide the names of all persons, to the individual level, holding an ownership interest in the entity and the percentage ownership each person and individual holds in the applicant

**BLOCK D – Documentation of affiliation**

Complete a documentation of affiliation declaring any and all affiliations (see instructions) including

Affirmations by the applicant pertaining to relationships that may involve direct or indirect ownership or control of the delivery of IFQ crab and

Any supplemental documentation deemed necessary by NMFS to determine whether an affiliation exists

Indicate (YES or NO) whether any entity that holds PQS or IPQ is affiliated with the applicant

If YES, provide a list of all PQS or IPQ holders with which he/she is affiliated, including full name, business mailing address, and business telephone number.

**BLOCK E – Certification of applicant**

Printed name and signature of applicant and date signed.

If an authorized representative completes the application, provide proof of authorization.

<b>Annual application for Crab IFQ permit, Respondent</b>	
Number of respondents	1,200
Frequency of response	1
<b>Total annual responses</b>	<b>1,200</b>
Time per response	2 hr
<b>Total burden hours</b>	<b>2,400 hr</b>
<b>Total personnel cost</b> (\$25 x 2,400)	<b>\$60,000</b>
<b>Total miscellaneous costs</b>	<b>\$6,314</b>
Annual postage (.37 x 200 = 74)	
Annual photocopy (2 x .10 x 1200 = 240)	
Annual fax (\$6 x 1,000 = 6000)	

<b>Annual application for Crab IFQ permit, Federal Government</b>	
Number of responses	1,200
Time requirement for handling of each application (15/60)	0.25 hr
<b>Total burden hours</b>	<b>300 hr</b>
<b>Total personnel cost</b> (\$25 x 300)	<b>\$7,500</b>

<b>Annual application for Crab IPQ permit, Respondent</b>	
Number of respondents	30
Frequency of response	1
<b>Total annual responses</b>	<b>30</b>
Time per response	2 hr
<b>Total burden hours</b>	<b>60 hr</b>
<b>Total personnel costs</b> (\$25 x \$60)	<b>\$1,500</b>
<b>Total miscellaneous costs</b>	<b>\$73</b>
Annual postage (.37 x 20 = 7.40)	
Annual fax (\$6 x 10 = 60)	
Annual photocopy (2 x .10 x 30 = 6)	

<b>Annual application for Crab IPQ permit, Federal Government</b>	
Number of responses	30
Time requirement for handling of each application (15/60)	0.25 hr
<b>Total burden hours</b> (0.25 x 30 = 7.5)	<b>8 hr</b>
<b>Total personnel cost</b> (\$25 x 8)	<b>\$200</b>

**c. Application for an annual crab harvesting cooperative IFQ permit.**

Harvesters may form voluntary cooperatives associated with one or more processors holding PQS. A minimum membership of four unique QS holders engaged in one or more crab QS fisheries would be required for cooperative formation. In order to be eligible for a cooperative IFQ permit issued by NMFS, a cooperative would be required to be formed as a legal business entity registered under the laws of one of the 50 states or the District of Columbia, and would be required to be organized according to the requirements of the 1934 Fisherman's Collective Marketing Act (FCMA) (15 U.S.C. 521).

The FCMA permits persons engaged in the fishing industry, as fishermen that catch, collect, or cultivate aquatic products or as planters of aquatic products, to act together in associations (cooperatives) for the purposes listed. The FCMA extended to the fishing industry the exemption from the operation of antitrust laws that is granted to agricultural cooperatives in the Clayton Act (15 U.S.C. 17) and the Capper-Volstead Act (7 U.S.C. 291, et seq.). The intent of the FCMA is to provide fishermen, acting through fishery cooperatives, an opportunity to compete on the same basis as may an individual corporation. Because there is no waiver of antitrust laws in the Magnuson-Stevens Act and because the only exemption from antitrust law for fishing cooperatives is provided by the FCMA, crab harvesting cooperatives are required to be organized and operate in a manner that is consistent with requirements of the FCMA.

Cooperatives are required to apply for a cooperative IFQ permit on an annual basis prior to August 1 of each year. The application must include the signed annual applications for crabs IFQ/IPQ permit forms of all the members of the crab-harvesting cooperative.

If a cooperative's application is approved by NMFS, the cooperative receives the sum of the annual IFQ allocations of its members in the form of a cooperative IFQ permit that is issued to the cooperative rather than the individual QS holders. Cooperative IFQ permits maintain all of the region, species, and sector designations of the underlying QS held by the members of the cooperative. A crab harvesting cooperative IFQ permit establishes an annual catch limit of crab, which is based on the collective QS holdings of the members of the cooperative.

A crab harvesting IFQ permit will list the IFQ amount held by the cooperative and identify the members of the cooperative. Each cooperative will be issued a separate IFQ permit for each type of QS held by a member (or members) of the cooperative.

Each crab-harvesting cooperative must appoint a designated representative to act on the cooperative's behalf and serve as contact point for NMFS for questions regarding the operation of the cooperative. The designated representative may be a member of the cooperative or some other individual authorized by the cooperative to act on its behalf.

**Application for annual crab harvesting cooperative IFQ permit**

**Block A – Cooperative identification**

Name of cooperative

Type of business entity under which the cooperative is organized: Cooperative, Partnership, or Other (specify)

State in which the cooperative is legally registered as a business entity;

Name of the cooperative's designated representative.

Permanent business address, telephone number, facsimile number, and e-mail address (if available)

of cooperative or designated representative

Signature of designated representative and date signed.

#### Block B – Members of the cooperative

Name and NMFS Person ID number of each member of the cooperative

Attachments

For an application to be complete, attach the following documents to the application

Completed and signed Annual IFQ/IPQ application forms of all members of the cooperative;

Copy of the business license issued by the state in which the cooperative is registered as a business entity;

Copy of the articles of incorporation or partnership agreement of the cooperative; and

Copy of the cooperative agreement signed by the members of the cooperative (if different from articles of incorporation or partnership agreement)

<b>Application for Annual Crab Harvesting Cooperative IFQ Permit, Respondent</b>	
Total annual respondents	8
Frequency of response	1
<b>Total annual responses</b>	<b>8</b>
Estimated hours per response	2.5
<b>Total burden hours</b>	<b>20</b>
<b>Total personnel cost</b> (\$25 x 20)	<b>\$500</b>
<b>Total miscellaneous cost</b>	<b>\$83</b>
Annual postage (.37 x 8=2.96)	
Annual photocopy (0.10 x100x 8=80)	

<b>Application for Annual Crab Harvesting Cooperative IFQ Permit, Federal Government</b>	
Total annual responses	8
Estimated hours per response	1
<b>Total burden hours</b>	<b>8</b>
<b>Total personnel cost</b> (\$25 x 8)	<b>\$200</b>

#### **d. Application for Registered Crab Receiver (RCR) Permit**

NMFS determined the need for a focal point for landing crab to ensure proper monitoring and enforcement of the rationalized fishery. Subsequently, NMFS determined that, under the Program, it must identify and receive reporting from all entities that receive and/or process crab. As a result, NMFS concluded that all persons who receive and/or process crab must apply for and possess an RCR permit before receiving any crab. This designation would ensure that all processors who receive crab, whether or not they possess IPQ, would be responsible for any fee liabilities associated with any crab transferred to those processors.

For the application to be considered complete, all fees required by NMFS must be paid, and any EDR required must be submitted to the DCA.

#### **Application for Registered Crab Receiver (RCR) permit**

##### Purpose of application

Indicate whether this application is for:

Renewals of an existing RCR permit; If YES indicate current RCR permit number

Amendment to an existing RCR; If YES indicate current RCR permit number

Request for a new RCR permit

#### Block A – Applicant identification

Name, NMFS Person ID, and SSN or TAX ID

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Name of contact person for the applicant, if a company;

Permanent business mailing address, telephone number, Fax number, and e-mail address (if available);

**Block B – Type of activity**

Select type of receiving or processing activity

Whether catcher/processor, stationary floating crab processor, shoreside crab processor

**Block C – Individual responsible for submission of Economic Data Report (EDR)**

Name of designated representative

If different from RCR, enter designated representative's business mailing address, telephone number,

Fax number, and e-mail address (if available)

**Block D – Applicant Signature**

Printed name and signature of applicant and date signed.

If completed by an authorized representative, attach proof of authorization

<b>Application for RCR permit, Respondent</b>	
Number of respondents	30
Frequency of response	1
<b>Total annual responses</b>	<b>30</b>
Time per response	0.5 hr
<b>Total burden hours</b>	<b>15 hr</b>
<b>Total personnel costs (\$25 x 15)</b>	<b>\$375</b>
<b>Total miscellaneous costs</b>	<b>\$130</b>
Postage (0.37 x 10 = 3.70)	
Fax (6 x 20 = 120)	
Photocopy (1 x .10 x 30 = 6)	

<b>Application for RCR permit, Federal Government</b>	
Number of responses	30
Time requirement for handling of each application	0.25
<b>Total burden hours</b>	<b>8</b>
<b>Total personnel cost (\$25 x 8)</b>	<b>\$200</b>

**e. Application for crab IFQ hired master permit**

A Crab IFQ Hired Master Permit is issued on an annual basis and authorizes the individual identified on the permit to harvest and land IFQ crab for debit against the specified Crab IFQ Permit. A separate application must be completed for each vessel, each Crab IFQ Permit, and each hired master.

In order for the application be considered complete, a copy of the USCG Abstract of Title or Certificate of documentation must be included with this application to demonstrate percent or vessel ownership by the IFQ permit holder.

**Application for crab IFQ hired master permit**

**Block A – purpose of application**

Check whether applying to add or delete a hired master.

Crab IFQ permit(s) for which this application is submitted

**Block B – IFQ permit holder information**

Name and NMFS person ID

SSN (optional) or Tax Identification Number

Privacy Act Statement: Federal regulations (at 50 CFR Part 680) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

Permanent or temporary business mailing address, telephone number, Fax number and e-mail address  
(If available)

**Block C – identification of vessel upon which crab IFQ will be harvested**

Vessel name, ADF&G vessel registration number, and USCG documentation number  
 Indicate (YES or NO) if IFQ permit holder owns at least 10% in the vessel the crab IFQ hired master  
 will use to fish permit holder's IFQ crab

If YES, provide documentation of IFQ permit holder's 10 percent ownership interest

**Block D – IFQ hired master permit holder information**

(complete a separate section for each crab IFQ hired master)

Name and NMFS person ID of hired master

SSN (optional) or Tax Identification Number

Privacy Act Statement: Federal regulations (at 50 CFR Part 680) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

Date of birth

Permanent or temporary business mailing address, telephone number, Fax number, and e-mail address  
 (If available)

**Block E – signature of applicant**

Printed name and signature of applicant and date signed.

If authorized representative, attach authorization

<b>Application for crab IFQ hired master, Respondent</b>	
Number of respondents	250
Frequency of response	1
<b>Total annual responses</b>	<b>250</b>
Time per response (30/60)	0.50 hr
<b>Total burden hours</b>	<b>125 hr</b>
<b>Total personnel cost</b> (\$25 x 125)	<b>\$3,125</b>
<b>Total miscellaneous costs</b>	<b>\$2,643</b>
Notary (\$10 x 250 = \$2,500)	
Annual postage (.37 x 250 = 92.50)	
Annual photocopy (2 x 0.10 x 250 = 50)	

<b>Application for crab IFQ hired master, Federal Government</b>	
Number of responses	250
Time requirement for handling of each application (15/60)	0.25
<b>Total burden hours</b> (250 x 0.25 = 62.50)	<b>63</b>
<b>Total personnel cost</b> (\$25 x 63)	<b>\$1,575</b>

**f. Application for Federal crab vessel permit**

A Federal Crab Vessel Permit is issued on an annual basis and is required to be onboard a vessel when used to fish for CR crab.

For the application to be complete all fees required by NMFS must be paid and any required EDR must be submitted to the DCA.

The holder of a Federal crab vessel permit must submit an amended application for a Federal crab vessel permit within 10 days of the date of change in:

- the ownership of the vessel (a copy of the current USCG documentation for the vessel showing the change in ownership must accompany the amended application), or
- the individual responsible for submission of the EDR on behalf of the vessel's owner(s).

**Application for Federal crab vessel permit**

**Purpose of application**

Indicate whether this application (check the one that applies) is:

a request for a new permit

a renewal of an existing permit, if YES provide current Federal Crab Vessel permit number  
 an amendment to an existing permit, YES provide current Federal Crab Vessel permit number

**Block A -- Contact Owner Information**

Name(s), permanent business mailing address, social security number (voluntary) or tax ID number,  
 Privacy Act Statement: Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

business telephone number, facsimile number, and e-mail address (if available) of all vessel owners

Name of any person or company (other than the owner) that manages the operation of the vessel

**Block B -- Vessel Information**

Name of vessel

Home port (city and state)

ADF&G processor code (if a catcher/processor or stationary floating crab processor).

Whether (YES or NO) a vessel of the United States.

USCG documentation number.

ADF&G vessel registration number.

Vessel's length overall (LOA) in feet and registered length in feet.

Gross tonnage (U.S. tons) and net tonnage (U.S. tons)

Shaft horsepower

Type(s) of operation the vessel may conduct during a crab fishing year

**Block C -- Designated Representative for EDR**

Name and contact information of designated representative who is responsible for completion and submission of the EDR

Representative's business mailing address, telephone number, facsimile number, and e-mail address (If available)

**Block D -- Signature of Applicant**

Printed name and signature of applicant and date signed.

If completed by representative, attach authorization

<b>Application for Federal crab vessel permit, Respondent</b>	
Number of respondents	275
Frequency of response	1
<b>Total annual responses</b>	<b>275</b>
Hours per response (21 minutes/60)	0.35
<b>Total burden hours</b>	<b>96</b>
<b>Total personnel costs (\$25 x 96)</b>	<b>\$2400</b>
<b>Total miscellaneous costs</b>	<b>\$2703</b>
Postage (0.37 x 75 = 27.75)	
FAX (\$6 x 2 x 200 = 2400)	
Photocopy (0.5 x 2 x 275 = 275)	

<b>Application for Federal crab vessel permit, Federal Government</b>	
Number of responses	275
Hours per response	1
<b>Total burden hours</b>	<b>69</b>
<b>Total personnel cost (\$25 x )</b>	<b>1725</b>

**g. Application to become an eligible crab community organization (ECCO)**

Prior to initially receiving QS or IFQ by transfer on behalf of a specific ECC, a non-profit entity that intends to represent that ECC as an ECCO must have approval from the Regional Administrator. To receive approval, the non-profit entity seeking to become an ECCO must submit a application to NMFS.

Each ECC may designate only one ECCO to represent that community in the exercise of ROFR at any one time through a statement of support from the governing body of the ECC. That statement of support identifying the ECC entity must be submitted to the Regional Administrator, NMFS, PO Box 21668, Juneau, Alaska 99802, at least 30 days prior to the ending date of the initial application period for the crab QS program.

**Application to become an eligible crab community organization (ECCO)**

**Block A - Identification of Applicant**

Name, NMFS Person ID, and Taxpayer ID of the non-profit organization.  
 Permanent and temporary business mailing address.  
 Name, business telephone number, fax number, and e-mail address (if available) of contact person  
 Name of community (ies) represented by non-profit organization.  
 Name of contact person for the governing body of each community

**Block B – Required Attachments**

The articles of incorporation under the laws of the State of Alaska for that non-profit organization;  
 A statement indicating the ECC(s) represented by that non-profit organization for purposes of holding QS;  
 The bylaws of the non-profit organization;  
 A list of key personnel of the management organization including, but not limited to, the board of directors officers, representatives, and any managers;  
 Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel  
 A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and IFQ;  
 A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:  
     Procedures used to solicit requests from residents to lease IFQ  
     Criteria used to determine the distribution of IFQ leases among qualified community residents, and  
     The relative weighting of those criteria;

**Block C – Applicant certification**

Printed name of applicant or authorized agent and date signed  
 If authorized, attach authorization  
 Notary signature, date when commission expires, and notary seal or stamp

<b>Application to become an ECCO, Respondent</b>	
Number of respondents	8
Frequency of response	1
<b>Total annual responses</b>	<b>8</b>
Time per response	2.5 hr
<b>Total burden hours</b>	<b>20 hr</b>
<b>Total personnel costs</b> (\$25 x 20)	<b>\$500</b>
<b>Total miscellaneous costs</b> (92)	<b>\$92</b>
Postage (1.50 x 8 = 12)	
Photocopy (0.10 x 100 x 8 = 80)	

<b>Application to become an ECCO, Federal Government</b>	
Number of responses	8
Time requirement for handling of each application	.25
<b>Total burden hours</b>	<b>2</b>
<b>Total personnel cost</b> (\$25 x 2)	<b>50</b>

**h. Application for eligibility to receive crab QS/IFQ or PQS/IPQ by Transfer**

Eligible crab community organization (ECCO) means a non-profit organization that represents at least one ECC and that has been approved by the Regional Administrator to obtain by transfer

and hold crab QS and to lease IFQ resulting from the crab QS on behalf of an ECC. This application is required to establish a person's eligibility to receive QS, PQS, IFQ, or IPQ by transfer, if the person is not an ECCO.

**Application for eligibility to receive crab QS/IFQ or PQS/IPQ by Transfer**

**Block A – Type of QS or PQS for Which Applicant Is Seeking Eligibility**

Type of crab QS or PQS and associated IFQ or IPQ for which seeking eligibility

**Block B - Applicant Information**

Name, NMFS Person ID, date of birth, and SSN/TAX ID

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Permanent and temporary business mailing address.

Business telephone number, FAX number, and E-mail address (if available).

Indicate whether a U.S. Citizen or a U.S. Corporation, Partnership, or Association of Business Entity

**Block C – Eligibility to Receive CVC or CPC QS/IFQ**

Indicate (YES or NO) whether this application is intended for a person that wishes to buy CVC or CPC QS

If YES, attach documentation of at least one delivery of a crab species in any crab CR fishery in the 365 days prior to submission of this form, a signed ADF&G fish ticket imprinted with applicant's State of Alaska permit card and signed by the applicant, an affidavit from the vessel owner, or a signed receipt for an IFQ crab landing on which applicant was acting as the permit holder's crab IFQ hired master.

**Block D – U.S. Corporations, partnerships, business entities**

Indicate (YES or NO) whether applicant is a CDQ Group; If YES, go to Block F.

Indicate (YES or NO) whether this application is submitted on behalf of a Corporation, Partnership or other Business Entity (not including CDQ groups);

If YES, at least one member of the corporation, partnership, or other business entity must submit documentation showing at least 20 percent interest in the corporation, partnership, or other entity and must provide evidence of at least 150 days as part of a harvesting crew in any U.S. commercial fishery. Identify the individual member and provide this individual's commercial fishing experience, name, NMFS person ID, and social security number and business mailing address, business telephone number, and business facsimile number.

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

**Block E - Commercial Fishing Experience**

Species: enter any targeted species in a U.S. commercial fishery

Gear type: enter any gear type used to legally harvest in a U.S. commercial fishery.

Location: Enter actual regulatory, statistical, or geographic harvesting location.

Starting date and ending date of claimed fishing period (MMYY)

Number of Actual Days Spent Harvesting Fish.

Duties Performed While Directly Involved in the Harvesting of Fish (be specific)

Name and ADF&G vessel registration number or USCG documentation number of the vessel upon which above duties were performed.

Name of vessel owner

Name of vessel operator

Reference name: enter the name of a person (other than applicant) who is able to verify the above experience

Reference's Relationship to applicant

Reference's Business Mailing Address and Telephone Number

**Block F - Applicant Certification**

Printed name and signature of applicant and date signed.

If authorized representative, attach authorization

Notary Public signature, date commission expires, and notary stamp or seal.

<b>Application for eligibility to receive crab QS/IFQ or PQS/IPQ by transfer, Respondent</b>	
Number of respondents	100
Frequency of response	1
<b>Total annual responses</b>	<b>100</b>
Time per response	2
<b>Total burden hours</b>	<b>200</b>
<b>Total personnel costs (\$25 x 200)</b>	<b>\$5000</b>
<b>Total miscellaneous costs</b>	<b>\$1131</b>
Notary (10 x 100 = \$1,000)	
Postage (1.11 x 100 = 111)	
Photocopy 1 x .10 x 100 = \$20)	

<b>Application for eligibility to receive crab QS/IFQ or PQS/IPQ by transfer, Federal Government</b>	
Number of responses	100
Time per response	.25
<b>Total burden hours</b>	<b>25</b>
<b>Total personnel cost (\$25 x 100)</b>	<b>\$2500</b>

#### **i. Application for transfer of crab QS/IFQ or PQS/IPQ**

Once an eligibility application is submitted, and eligibility to receive QS, PQS, IPQ, or IFQ is established, a transfer application must be submitted to NMFS for the actual transfer of a specific type of quota. Three forms of transfer applications exist; the application form used will vary depending on the person applying for the transfer. All of these transfer forms are available on the NMFS Alaska Region website at <http://www.fakr.noaa.gov>.

This application is required to transfer any amount of QS, PQS, IFQ, or IPQ from an entity that is not an ECCO or a crab-harvesting cooperative.

#### **Application for transfer of crab QS/IFQ or PQS/IPQ**

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ

##### **Block A – Type of Transfer**

Indicate type of transfer requested

Indicate (YES or NO) whether this is a transfer of IFQ or IPQ only, due to a hardship

If YES, attach documentation to support the need for such transfer

If requesting transfer of PQS/IPQ for use outside an ECC that has designated an entity to represent it in exercise of ROFR, the application must include an affidavit signed by the applicant stating that notice of the desired transfer has been provided to the ECC entity under civil contract terms for the transfer of any PQS or IPQ subject to ROFR

##### **Block B – Transferor (seller)**

Name, NMFS Person ID, and SSN or Tax ID number

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Permanent and temporary business mailing address, telephone number, Fax number, and e-mail address  
(If available)

##### **Block C – Transferee (buyer)**

Name, NMFS Person ID, and SSN or Tax ID number

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information

is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Permanent and temporary business mailing address, telephone number, Fax number, and e-mail address  
(If available)

**Block D - Transfer of QS or PQS and IFQ or IPQ**

QS Species and Type

Serial number of shares to be transferred

Number of units to be transferred.

Transferor IFQ or IPQ permit number.

Indicate (YES or NO) whether remaining IFQ or IPQ pounds for the current fishing year should be transferred.

If NO, specify the number of pounds to be transferred

If transfer is CPO QS, indicate whether being transferred as CVO QS or PQS

If CPO QS is being transferred as both CVO QS and PQS, indicate number of units of each

If CPO QS is being transferred as CVO QS, select the region for which QS is designated

**Block E - Transfer of IFQ or IPQ Only**

This box should be completed if IFQ or IPQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares.

QS Species and Type

Range of serial numbers shown on QS certificate, numbered to and from

Number of IFQ or IPQ pounds to be transferred.

Transferor IFQ or IPQ permit number.

Crab fishing year of the transfer

**Block F - Price Paid for QS, PQS, and/or IFQ, IPQ (Transferor)**

Indicate (YES or NO) whether a broker was used for this transaction

If YES, enter dollar amount paid in brokerage fees or percentage of the total price.

Enter total amount paid for the QS/IFQ or QS/IPQ in this transaction, including all fees.

Price per unit of QS and price per pound of IFQ or IPQ

Indicate reasons (check all that apply) for transferring QS/IFQ or PQS/IPQ

**Block G - Method of Financing for the QS, PQS and/or IFQ, IPQ (Transferee)**

Indicate (YES or NO) whether the QS/IFQ or QS/IPQ being purchased will have a lien attached.

If YES, enter name of lien holder.

Indicate one primary source of financing for this transfer.

Indicate sources used to locate the QS, PQS and/or IFQ, IPQ being transferred

Indicate the relationship, if any, between the transferor and the transferee.

Indicate (YES or NO) whether an agreement exists to return the QS/IFQ or PQS/IPQ to the transferor, or any other person, or with a condition placed on resale. If yes, explain.

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ

**Block H – Certification of Transferor**

Printed name and signature of transferor and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Block I – Certification of Transferee**

Printed name and signature of transferee and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Attachments to the application and other conditions to be met**

Indicate whether the person applying to make or receive the QS, PQS, IFQ, or IPQ transfer has submitted an EDR if required

All individuals applying to receive CVC QS or CPC QS or IFQ by transfer must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of QS/IFQ or PQS/IPQ. Proof of landing is

Signature of the applicant on an ADF&G fish ticket or

An affidavit from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew on board a vessel during a landing of a crab QS species within the 365 days prior to submission of an application for transfer of crab QS/IFQ or PQS/IPQ.

<b>Application for transfer of QS, IFQs, and IPQs, Respondent</b>	
Number of respondents	1,000
Frequency of response	1
<b>Total annual responses</b>	<b>1,000</b>
Time per response	2 hr
<b>Total burden hours</b>	<b>2000 hr</b>
<b>Total personnel costs</b>	<b>\$50,000</b>
<b>Total miscellaneous costs</b>	<b>\$11,201</b>
Notary (\$10 x 1,000 = 10,000)	
Postage (\$1.11 x 1000 = 1001.11)	
Photocopy (2 x 0.10 x 1000 = 200)	

<b>Application for transfer of QS, IFQs, and IPQs, Federal Government</b>	
Number of responses	1,000
Time per response	0.25
<b>Total burden hours</b>	<b>250</b>
<b>Total personnel cost (\$25 x 250)</b>	<b>\$6250</b>

#### **j. Application for transfer of BSAI crab QS/IFQ to or from an ECCO**

This application is required to transfer any amount of QS or IFQ to or from an Eligible crab community organization (ECCO).

This form may only be used if an ECCO is the proposed transferor or the proposed transferee of the QS or IFQ. The party to whom an ECCO is seeking to transfer the QS/IFQ must be eligible to receive QS/IFQ by transfer. If the ECCO is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application. If authorized representative represents either the transferor or transferee, proof of authorization to act on behalf of transferor or transferee must be attached to the application.

#### **Application for transfer of BSAI crab QS/IFQ to or from an ECCO**

##### Block A – General Requirements

##### Block B – Transferor (seller) information

Name, NMFS Person ID, and SSN or Tax ID

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

If transferor is an ECCO, name of community represented by the ECCO

Permanent and temporary business mailing address, telephone number, fax number, and e-mail address  
(If available)

##### Block C – Transferee (buyer) information

Name, NMFS Person ID, and SSN or Tax ID

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

If transferee is an ECCO, name of community represented by the ECCO

Permanent and temporary business mailing address, telephone number, fax number, and e-mail address  
(If available)

##### Block D – Identification of QS/IFQ to Be Transferred

QS species and type

Number of QS or IFQ units to be transferred

Total QS units

Number of IFQ pounds

Range of serial numbers to be transferred, numbered to and from

Name of community to which QS are currently assigned

Indicate (YES or NO) whether all remaining IFQ pounds for the current fishing year should be transferred.

If NO, specify the number of pounds to be transferred

**Block E – Transfer of IFQ only**

IFQ permit number and year of permit

Actual number of IFQ pounds to be transferred

**Block F – Required Supplemental Information of Transferor if an ECCO**

Indicate the reasons for transfer (check all that apply)

**Block G – Price paid for QS, PQS and/or IFQ, IPQ (transferor)**

Indicate (YES or NO) whether a broker was used for this transaction

If YES, enter dollar amount paid in brokerage fees or percentage of the total price.

Enter total amount paid for the QS/IFQ in this transaction, including all fees.

Price per unit of QS and the price per pound of IFQ

Indicate reasons (check all that apply) for transferring QS/IFQ

**Block H - Method of financing for the QS, PQS and/or IFQ, IPQ (transferee)**

Indicate (YES or NO) whether the QS/IFQ purchase will have a lien attached.

If YES, enter name of lien holder.

Indicate one primary source of financing for this transfer.

Indicate the sources used to locate the QS or IFQ being transferred

Indicate the relationship, if any, between the transferor and the transferee

Indicate (YES or N)) whether an agreement exists to return the QS or IFQ to the transferor or any other person, or with a condition placed on resale

If YES, explain

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ.

**Certification of Transferor**

Printed name and signature of transferor and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Certification of Transferee**

Printed name and signature of transferee and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Certification of authorized representative of community**

Printed name and signature of ECCO community representative and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Attachments to the application and other conditions to be met**

Indicate whether the person applying to make or receive the QS, PQS, IFQ or IPQ transfer has submitted an EDR, if required and paid all fees

A copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ

An affirmation that the individual receiving IFQ from an ECCO has been a permanent resident in the ECC for a period of 12 months prior to the submission of the Application for transfer QS/IFQ to or from an ECCO on whose behalf the ECCO holds QS

<b>Application for transfer of crab QS/IFQ to or from an ECCO, Respondent</b>	
Number of respondents	100
Frequency of response	1
<b>Total annual responses</b>	<b>100</b>
Time per response	2 hr
<b>Total burden hours</b>	<b>200</b>
<b>Total personnel costs (\$25 x 200)</b>	<b>\$5000</b>
<b>Total miscellaneous costs</b>	<b>\$1131</b>
Notary (\$10 x 100 = 1,000)	
Postage (\$1.11 x 100 = 111)	
Photocopy (2 x 0.10 x 100 = 20)	

<b>Application for transfer of crab QS/IFQ to or from an ECCO, Federal Government</b>	
Number of responses	100
Time per response	.25
<b>Total burden hours</b>	<b>25</b>
<b>Total personnel cost (\$25 x 25)</b>	<b>\$625</b>

#### **k. Application for Inter-cooperative Transfer**

A crab-harvesting cooperative is permitted to transfer its IFQ only to another crab harvesting cooperative. Crab harvesting cooperatives wishing to engage in an inter-cooperative transfer must complete an Application for Inter-cooperative Transfer.

Once a cooperative has been issued an IFQ permit, the members of that cooperative cannot transfer away IFQ, because they hold no IFQ of their own. When a QS holder joins a cooperative, all of his or her QS are converted to cooperative IFQ that is held in common by the cooperative. Only the cooperative may transfer away cooperative IFQ, and only by following the requirements for the transfer of cooperative IFQ.

A cooperative that has been issued cooperative IFQ is not allowed to hold QS directly, even though as a legal business entity, a cooperative would otherwise be eligible to acquire and hold QS. This prohibition on cooperatives holding QS is necessary to maintain the regulatory distinctions between individually held IFQ and cooperative IFQ, and to simplify the administration of the Program.

Because cooperative IFQ permits are annual permits, and cooperatives are required to apply annually for each year's cooperative IFQ permit, any changes in cooperative membership that occur between fishing seasons would simply be reflected in the following year's cooperative IFQ permit application. If the cooperative chooses to amend its membership during the fishing season, then the cooperative would be required to submit to NMFS an amended application for cooperative IFQ reflecting the membership change. If the change to cooperative membership is approved, NMFS would issue an amended IFQ permit application to the cooperative reflecting the change in membership. The same process may be used by a cooperative to accommodate the rights of a successor in interest in the event that a member dies (in the case of an individual), or dissolves (in the case of a business entity).

#### **Application for inter-cooperative transfer**

##### Block A – General Requirements

##### Block B – Identification of Transferor

Name, NMFS Person ID and Tax ID number  
Date of incorporation  
Name of crab harvesting cooperative's representative  
Permanent and temporary business mailing address, telephone number, fax number, and e-mail address  
(If available)

##### Block C – Identification of crab harvesting cooperative member

Name and NMFS person ID of the member to whose use cap the crab harvesting cooperative IFQ will be applied

##### Block D – Identification of transferee

Name, NMFS Person ID, and Tax ID number  
Date of incorporation  
Name of crab harvesting cooperative's representative  
Permanent and temporary business mailing address, telephone number, fax number, and e-mail address

(If available)

**Block E – Crab Cooperative IFQ to Be Transferred**

Type of crab harvesting cooperative IFQ being transferred

Crab cooperative IFQ permit number and year issued

Indicate (YES or NO) whether all remaining pounds for the current fishing year are to be transferred

If NO, specify the number of pounds to be transferred

**Block E – Price paid for QS, PQS and/or IFQ, IPQ (transferor)**

Indicate (YES or NO) whether a broker is being used for this transaction

If YES, enter dollar amount to be paid in brokerage fees or percentage of the total price.

Enter total amount paid for the IFQ in this transaction, including all fees.

Price per pound of IFQ

**Certification of Transferor**

Printed name and signature of transferor and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

**Certification of Transferee**

Printed name and signature of transferee and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

<b>Application for Inter-cooperative Transfer, Respondent</b>	
Number of respondents	10
Frequency of response	1
<b>Total annual responses</b>	<b>10</b>
Hours per response	2 hr
<b>Total burden hours</b>	<b>20 hr</b>
<b>Total personnel costs</b> (\$25 x 20)	<b>\$500</b>
<b>Total miscellaneous costs</b>	<b>\$113</b>
Notary (\$10 x 10 = 100)	
Postage (\$1.11 x 10 = 11)	
Photocopy (2 x 0.10 x 10 = 2)	

<b>Application for Inter-cooperative Transfer, Federal Government</b>	
Number of responses	10
Hours per response	0.25
<b>Total burden hours</b>	<b>2.50</b>
<b>Total personnel cost</b> (\$25 x 2.5 = 62.50)	<b>\$63</b>

**I. RCR fee submission form**

Any crab allocation holder would incur a cost recovery fee liability for every pound of crab landed in the crab fisheries. The RCR permit holder is responsible for collecting any fee liability for the crab allocation holder landing crab and self-collecting any fee liability for all crab landed at that facility. Under a CDQ or the Adak community allocation, the harvester delivering the crab on behalf of the community entity to the RCR would be responsible for paying the harvester share of the fee liability at the time of landing to the RCR.

Most of the fees collected will be deposited in the Limited Access System Administrative Fund (LASAF) established in the U.S. Treasury. Up to 25 percent could be deposited separately in the U.S. Treasury and made available to cover the costs of the loan program, as required by sections 304(d)(2)(C) and 313(j) of the Magnuson-Stevens Act. Separate accounts will be created within the LASAF for NMFS to use funds from the Program's cost recovery to pay for the costs directly related to the management and enforcement of the Program.

The reporting period of the RCR Fee Submission Form extends from July 1 to June 30. The RCR permit holder is responsible for submitting this payment to NMFS on or before the due date of July 31 following the crab fishing year in which payment for the crab was made. The dollar amount of the fee due is determined by multiplying the fee percentage (not to exceed 3 percent) by the ex-vessel value of crab debited from the allocation. Subsequent transfer of IFQ, IPQ, CDQ, or QS does not affect the permit holder's liability for compliance with this section. Non-renewal of an RCR permit does not affect the permit holder's liability for noncompliance.

NMFS will provide a summary to all CR allocation and RCR permit holders available through a secure Internet site or on request during the last quarter of the crab fishing year. The summary will explain the fee liability determination including details of raw crab pounds debited from CR allocations by permit, port or port-group, species, date, and prices.

Payment may be made payable to NMFS. Payment and related documents may be sent by mail or facsimile to:

Administrator, Alaska Region, NMFS;  
Attn: Operations, Management, & Information Division (OMI);  
P.O. Box 21668;  
Juneau, AK 99802-1668;

Facsimile: 907-586-7354.

Payments may also be submitted electronically to NMFS via forms available from Restricted Access Management (RAM) or on the RAM area of the Alaska Region Home Page at <http://www.fakr.noaa.gov/ram>. Payment must be made in U.S. dollars by personal check drawn on a U.S. bank account, money order, bank certified check, or credit card no later than July 31 following the crab fishing year in which the CR landings were made.

#### **RCR fee submission form**

##### **Block A - Identification of RCR**

Name, NMFS Person ID Number, RCR permit number, `SSN or Tax ID Number\*

\*The Debt Collection Improvement Act, Section 7701 of title 31, United States Code, requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the permit holder(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Permanent or temporary business mailing address, telephone number, fax number, and e-mail address  
(If available)

##### **Block B – Applicant Signature**

Enter printed name and signature of applicant and date signed

If authorized representative, attach authorization to the application

##### **Block C - Method of Payment**

Indicate method of Payment for fees

If credit card, enter type of card, card number, expiration date, name as printed on card, and amount of payment.

Signature of credit card holder and date signed

<b>RCR fee submission form, Respondent</b>	
Number of respondents	30
Frequency of response	1
<b>Total annual responses</b>	<b>30</b>
Hours per response	0.5 hr

<b>Total burden hours</b>	<b>15 hr</b>
<b>Total personnel costs</b> (\$25 x 15)	<b>\$375</b>
<b>Total miscellaneous costs</b>	<b>\$9</b>
Postage (0.37 x 5 = 1.85)	
Photocopy (2 x 0.10 x 30 = 6)	

<b>RCR fee submission form, Federal Government</b>	
Number of responses	30
Hours per response	0.25
<b>Total burden hours</b>	<b>7.50</b>
<b>Total personnel cost</b> (\$25 x 7.50)	<b>\$188</b>

### **m. Right of First Refusal Provisions (ROFR)**

An application for PQS in an eligible crab community must include a contract signed for ROFR to sales of processing shares that is signed by the applicant for:

1. Initial allocation of PQS
2. Either a CDQ group in eligible crab communities that also are CDQ communities or a crab community quota entity identified by the ECC.
3. Any non-eligible crab community in the “northern Gulf of Alaska” for initial allocation of PQS and the crab community quota entity identified by city and Borough of Kodiak.

ECCs, except for Adak, would have a ROFR on the transfer of PQS and IPQ originating from processing history in the community if the transfer would result in relocation of the shares outside the community. Adak would not be eligible for the ROFR provision because Adak would receive a direct allocation of Western Aleutian Islands golden king crab. In addition, the City of Kodiak and the Kodiak Island Borough in the Gulf of Alaska (GOA) would have a ROFR on the transfer of PQS and IPQ from communities in the GOA north of 56° 20' N. longitude. The ROFR provisions apply to both the application for initial allocation of PQS and to the transfer process for PQS.

Subsequent paperwork associated with transfers includes obtaining a signed affidavit by an ECC entity that waives ROFR, assuming the ECC does wish to purchase. Any transfer of PQS or IPQ from an eligible crab community (ECC) will not be approved by NMFS unless the CDQ group or entity representing the ECC as a signatory on the contract acknowledges in writing to the Regional Administrator that the community does not wish to exercise ROFR. This means that applicants for PQS in eligible communities or for PQS in ineligible communities in the North Gulf of Alaska must spend the time and money to develop contracts with the appropriate entity that contain the terms and conditions set forth under the crab rationalization program – and in federal regulations.

No form will be created for these contracts. Legal assistance may be required to set up the initial contracts associated with applications for PQS. Subsequent legal costs likely would be involved in the transfer provisions and gaining signatures on the affidavit if the community does not wish to exercise ROFR, if that is the case.

<b>ROFR Contracts, Respondent</b>	
Number of respondents	30
Frequency of response	1
<b>Total annual responses</b>	<b>30</b>
Hours per response	40 hr
<b>Total burden hours</b>	<b>1200</b>
<b>Total personnel costs (\$50 x 1200)</b>	<b>\$60,000</b>
<b>Total miscellaneous costs</b>	<b>0</b>

<b>ROFR Contracts, Federal Government</b>	
<b>Total burden hours</b>	0
<b>Total personnel costs</b>	0

<b>ROFR Waivers, Respondent</b>	
Number of respondents	30
Frequency of response	1
<b>Total annual responses</b>	<b>30</b>
Hours per response	0.5 hr
<b>Total burden hours</b>	<b>15</b>
<b>Total personnel costs (\$50 x 15)</b>	<b>\$750</b>
<b>Total miscellaneous costs</b>	<b>0</b>

<b>ROFR Waivers, Federal Government</b>	
<b>Total burden hours</b>	0
<b>Total personnel costs</b>	0

**n. File an Appeal to NMFS Decisions.**

NMFS would specify a 30-day evidentiary period during which an applicant may provide additional information or evidence to support the claims made in his or her application. Also, an applicant who fails to submit all the required information would have 30 days to provide that information. An applicant would be limited to one 30-day evidentiary period. Additional information or evidence, or a revised application, received after the 30-day evidentiary period, but before an initial administrative determination (IAD) is issued, would be considered.

NMFS would prepare and send an IAD to the applicant following the expiration of the 30-day evidentiary period if sufficient documentation is not provided. The IAD would indicate the deficiencies in the application. The IAD would also indicate which claims couldn't be approved based on the available information or evidence. An applicant who receives an IAD may appeal. An applicant who avails him or herself of the opportunity to appeal an IAD would not receive QS or PQS until after the final resolution of that appeal.

The CR Program allows for appeal on decisions made by NMFS on the following topics:

Establish harvest denominator. The official crab rationalization record would result in a harvest denominator for all LLP licenses that would be used in calculating QS. The harvest denominator represents the total legal landings made in each year for each crab fishery.

Establish Initial QS Pool and PQS Pool. An Initial QS pool is established in each of the eight crab fisheries, so that on initial issuance, a single unit of QS yields an annual amount of IFQ less than the average weight of one crab. An Initial PQS pool is set at the same level as the

initial QS pool for ease of computation and to ensure that a single unit of PQS yields an annual amount of IPQ less than the average weight of one crab.

Adjustment to North and South regional designations of QS. Once PQS is issued with regional designation, the issuance of QS would be adjusted so that the regional designations for QS would match the regional designations for PQS in each crab QS fishery. The adjustment would be made to the QS issued because the processing facilities are typically fixed shorebased plants. The adjustments to establish the same regional designation ratios is necessary to ensure matches in the amount of PQS and QS that is harvested and delivered in any one region. This adjustment process would be made prior to the issuance of the QS and PQS.

Submittal of any of the applications in this collection. If issuance of any permit in this collection is denied, the applicant may appeal the decision.

QS issued after NMFS has issued annual IFQ for a crab fishery for a crab-fishing year will not result in IFQ for that crab fishery for that fishing year. If appeals result in a positive action after IFQ has been issued for that fishery, the person would not receive IFQ until the following year. This single annual issuance is required for administrative purposes so that a mid-year adjustment to other IFQ holders does not occur that would alter their allocation or the ratio of QS to IFQ for that year.

New information in an application is compared with data compiled by NMFS. If any new data presented in an application are not consistent with the NMFS-compiled data, the applicant is notified of insufficient documentation and is provided 90 days opportunity to support his or her claim. If a claim remains unsupported after the time limit expires, the claim is denied. The applicant is offered 60 days in which to appeal. This appeals process provides the necessary due process for aggrieved applicants. A printed form is not used for an appeal. The applicant is required to request by letter that the IFQ Appeals Officer review the case of the applicant.

<b>File an Appeal on NMFS Decisions, Respondent</b>	
Number of respondents	20
Frequency of response	1
<b>Total annual responses</b>	<b>20</b>
Time per response	4
<b>Total burden hours</b>	<b>80 hr</b>
<b>Total personnel costs (\$25 x 80)</b>	<b>\$2000</b>
<b>Total miscellaneous costs</b>	<b>\$19</b>
Postage (0.37 x 20 = 7.40)	
Photocopy (6 pages x 20 x 0.10 = 12.00)	

<b>File an Appeal on NMFS Decisions, Federal Government</b>	
Number of responses	20
Hours per response	4
<b>Total burden hours</b>	<b>80 hr</b>
<b>Total personnel cost (\$25 x 80)</b>	<b>\$2000</b>

It is anticipated that the information collected will be disseminated to the public or used to support publicly disseminated information. As explained in the preceding paragraphs, the information gathered has utility. NOAA Fisheries will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA

standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.**

An option for data entry is forms and applications that are “fillable” on the computer screen at the NMFS Alaska Region Home Page at [www.fakr.noaa.gov](http://www.fakr.noaa.gov). These forms and applications may be completed on the computer screen by the participant, downloaded, printed, and Faxed to NMFS.

NMFS is pursuing an Internet method to be implemented within the next five years, whereby the information will be typed on-screen and submitted directly and automatically into a database, with the goal of providing efficient data entry with less chance of error.

The Crab IFQ Program was implemented to both maintain rigorous safeguards on use of fishing privileges for a public resource and to provide safeguards for program constituents. Use of notarized signatures (on certain applications) is the best way for NMFS to ensure that only authorized persons are granted privileges and that NMFS can act in certainty in accordance with requests for program services (such as issuance of a hired master permit) or commercial transactions (for transfers). By employing this widely accepted means of unequivocally establishing the identity of submitters, this requirement removes ambiguity about whether constituents have specific knowledge of the terms and conditions of requested benefits. Notary certification is especially helpful to program participants in that it bars unauthorized persons from access to individual fishing and processing account privileges and business information, and from conducting highly valuable transfers of privileges. The requirement has in fact proven invaluable in enforcement investigations of fraud and in at least one adjudication about a high-value commercial transaction for which a NMFS program action was defensible based on its absolute certainty of the identity of the requestor afforded by the Notary signature.

**4. Describe efforts to identify duplication.**

None of the information collected as part of this information collection duplicates other collections. This information collection is part of a specialized and technical program that is not like any other.

**5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

The proposed collection-of-information does not impose a significant impact on small entities.

Approximately 236 entities own crab harvest vessels that are directly regulated under the Program. Of those entities, 233 are small entities because they either generated 3.5 million or less in gross revenue, based on participation in 1998, 1999, or 2000, or they are independent

entities not affiliated with a processor that would increase the entities average revenue above the small business size standards. Thirteen of the entities (owning 38 vessels) are considered non-small entities.

A total of 134 small entities made at least one crab landing from 1991 to 2000, but do not appear to qualify for an initial allocation of QS. Five of these entities are not small entities and 129 qualify as “small” by Small Business Administration (SBA) standards. The non-small entities owned a total of nine catcher vessels. The small entities owned a total of 155 catcher vessels and one CP. By and large, vessels that do not qualify for the Program either left the fishery or currently fish under interim LLP licenses. Moreover, the vessel the IRFA considers “non-qualified” could not or would not be allowed to continue fishing under the current LLP, and, therefore, would not be impacted by the proposed rule. Therefore, the non-qualified vessels are not considered impacted by the proposed rule.

Eight small entities and nine non-small entities appear to qualify for processor allocations based on participation during 1998 and 1999, excluding CPs. The nine inshore processors are considered non-small entities because they appear to exceed the “500 or more employees” threshold when all their affiliates, worldwide, are included. The nine large processing entities owned 28 separate crab-processing facilities, and the eight small processing entities owned 10 plants. Forty-three small processing entities (owning 50 plants) appear not to qualify for initial PQS allocations.

The regionalization provisions under consideration could directly impact thirteen communities. The overall impact on communities cannot be determined until NMFS makes all of the allocations of processing shares. At a minimum, St. Paul, St. George, Adak, Akutan, Dutch Harbor, King Cove, False Pass, Ninilchik, Homer, Port Moller, Cordova, and Kodiak possess recorded landings in the crab fisheries. The communities where these processors are located would all be considered small government jurisdictions. Each of the communities has populations well under the 50,000 limit for consideration as a small entity.

**6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.**

The intent of this action is to implement the BSAI crab fisheries through the use of various applications and transfer applications. Without the specified permitting scheme described in this Supporting Statement, the program would be unable to proceed.

**7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.**

There are no inconsistencies with OMB guidelines.

**8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and**

**recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

The NMFS Alaska Region submitted the attached proposed rule (69 FR 63200, October 29, 2004) requesting comments from the public. No comments regarding this specific collection were received.

**9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.**

No payment or gift will be provided under this program.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

The information collected is confidential under section 303(d) of the Magnuson-Stevens Act (16 U.S.C. 1801 et seq.); and also under NOAA Administrative Order (AO) 216-100, which sets forth procedures to protect confidentiality of fishery statistics. In some cases the social security number is requested on an optional basis under the Privacy Act. The birthdate of applicant is requested in some applications. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits.

In other cases the social security number is requested on a mandatory basis under the Debt Collection Improvement Act. The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

This information collection does not involve information of a sensitive nature.

**12. Provide an estimate in hours of the burden of the collection of information.**

The total number of unique respondents is 1,480 (1200 vessels, 30 processors, 250 skippers). The total responses are 4,121. The estimated total annual burden hours are 8,466 hr. The estimated total personnel cost burden is \$242,025.

**13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).**

Estimated total miscellaneous costs are \$31,742.

**14. Provide estimates of annualized cost to the Federal government.**

Total estimated responses are 4,121. Total estimated burden hours are 1,099. Total estimated personnel cost is \$27,475.

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.**

This is a new program.

**16. For collections whose results will be published, outline the plans for tabulation and publication.**

The information collected will not be published, and no statistical sampling of the information is planned.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.**


In accordance with OMB requirements, the control number and the expiration date of OMB approval are shown on the forms.

**18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.**

No exceptions to the certification statement are requested.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This collection does not employ statistical methods.

<b>APPLICATION FOR CRAB QUOTA SHARE (QS) or PROCESSOR QUOTA SHARE (PQS)</b>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free (907) 586-7202 in Juneau/ (907) 586-7354 fax	
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In order to file a complete application, attach the following documents to this application, as applicable.

- If successor-in-interest to an eligible applicant, attach documentation proving the person's status as a successor-in-interest to an eligible applicant and documentation of the death of that eligible applicant.
- If applicant is deceased, attach copy of the death certificate.
- If corporation, partnership, or other business entity and no longer in existence, attach evidence of dissolution

**BLOCK A – TYPE OF CRAB QS OR PQS FOR WHICH YOU ARE APPLYING**

*Applicant for CVO, CPO, CVC or CPC QS must be a U.S. Citizen or U.S. Corporation, Partnership or Other Business Entity.*

☐ Catcher Vessel Owner (CVO) or Catcher Processor Owner (CPO) QS

☐ Catcher Vessel Crew (CVC) QS or Catcher Processor Crew (CPC) QS

*Applicant for PQS is not required to be a U.S. Citizen or U.S. Corporation, Partnership or Other Business Entity.*

☐ Processor PQS

**BLOCK B – APPLICANT INFORMATION**

1. Applicant Name:		2. NMFS Person ID:	3. Tax ID/SSN <sup>1</sup> :
4. Permanent Business Mailing Address:			
5. Business Telephone No.:	6. Business Fax No.:	7. Business E-mail (if available):	
8. Is the applicant a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete question 10.	9. Is the applicant a U.S. Corporation, Partnership, or Other Business Entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete question 10.	10. Date of Birth or Incorporation:	
11. Is the applicant deceased? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete question 13 and attach copy of Death Certificate	12. Is the U.S. Corporation, Partnership, Association, or Other Business Entity no longer in existence? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete question 13 and attach evidence of dissolution.	13. Date of Death/Dissolution:	

<sup>1</sup>*The Debt Collection Improvement Act*, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

<b>BLOCK C – FISHERY and QS/PQS TYPE</b>								
<i>Indicate the crab QS fishery and type of QS/PQS for which applying</i>								
	<input type="checkbox"/> EAG	<input type="checkbox"/> WAG	<input type="checkbox"/> BBR	<input type="checkbox"/> BST	<input type="checkbox"/> BSS	<input type="checkbox"/> SMB	<input type="checkbox"/> PIK	<input type="checkbox"/> WAI
CVO North								
CVO South								
CVO West								
CVO Undesignated								
CVC North								
CVC South								
CVC West								
CVC Undesignated								
CPO								
CPC								
PQS North								
PQS South								
PQS West								

<b>BLOCK D – CVO CPO QS</b>		
Is applicant claiming vessel catch history for purposes of the crab QS program? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete Block D (use more than one section, if necessary).		
1. Vessel Name:		2. ADF&G No.
3. LLP Crab License No.	5. IUP permit card numbers	6. USCG No.
4. Moratorium Crab Permit No.		
6. Qualifying Years or Seasons Fished by Fishery: <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> EAG</div> <div>( ) 1996/1997</div> <div>( ) 1998</div> <div>( ) 1999</div> <div>( ) 2000</div> <div>( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> WAG</div> <div>( ) 1996/1997</div> <div>( ) 1998</div> <div>( ) 1999</div> <div>( ) 2000</div> <div>( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> BBR</div> <div>( ) 1996</div> <div>( ) 1997</div> <div>( ) 1998</div> <div>( ) 1999</div> <div>( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> PIK</div> <div>( ) 1994</div> <div>( ) 1995</div> <div>( ) 1996</div> <div>( ) 1997</div> <div>( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> BST</div> <div>( ) 1991/1992</div> <div>( ) 1993</div> <div>( ) 1994</div> <div>( ) 1995</div> <div>( ) 1996</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> BSS</div> <div>( ) 1996</div> <div>( ) 1997</div> <div>( ) 1998</div> <div>( ) 1999</div> <div>( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> SMB</div> <div>( ) 1994</div> <div>( ) 1995</div> <div>( ) 1996</div> <div>( ) 1997</div> <div>( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> WAI</div> <div>( ) 1992/1993</div> <div>( ) 1994</div> <div>( ) 1995</div> <div>( ) 1996</div> </div>		
<b>NOTE: Attach information on specific dates, if necessary.</b>		

<b>BLOCK D – CVO CPO QS</b>		
<i>For vessels whose catch histories are being claimed for purposes of the crab QS program, enter the following information.</i>		
1. Vessel Name:		2. ADF&G No.
3. LLP Crab License No.	5. IUP permit card numbers	6. USCG No.

4. Moratorium Crab Permit No.		
6. Qualifying Years or Seasons Fished by Fishery: <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] EAG</div> <div style="width: 15%;">( ) 1996/1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> <div style="width: 15%;">( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] WAG</div> <div style="width: 15%;">( ) 1996/1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> <div style="width: 15%;">( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BBR</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] PIK</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BST</div> <div style="width: 15%;">( ) 1991/1992</div> <div style="width: 15%;">( ) 1993</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BSS</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] SMB</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] WAI</div> <div style="width: 15%;">( ) 1992/1993</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div></div> </div>		
<b>NOTE: Attach information on specific dates, if necessary.</b>		

<b>BLOCK D – CVO CPO QS</b>		
<i>For vessels whose catch histories are being claimed for purposes of the crab QS program, enter the following information.</i>		
1. Vessel Name:	2. ADF&G No.	
3. LLP Crab License No.	5. IUP permit card numbers	6. USCG No.
4. Moratorium Crab Permit No.		
6. Qualifying Years or Seasons Fished by Fishery: <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] EAG</div> <div style="width: 15%;">( ) 1996/1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> <div style="width: 15%;">( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] WAG</div> <div style="width: 15%;">( ) 1996/1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> <div style="width: 15%;">( ) /01</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BBR</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] PIK</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BST</div> <div style="width: 15%;">( ) 1991/1992</div> <div style="width: 15%;">( ) 1993</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] BSS</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> <div style="width: 15%;">( ) 1999</div> <div style="width: 15%;">( ) 2000</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] SMB</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div style="width: 15%;">( ) 1997</div> <div style="width: 15%;">( ) 1998</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">[ ] WAI</div> <div style="width: 15%;">( ) 1992/1993</div> <div style="width: 15%;">( ) 1994</div> <div style="width: 15%;">( ) 1995</div> <div style="width: 15%;">( ) 1996</div> <div></div> </div>		
<b>NOTE: Attach information on specific dates, if necessary.</b>		

**BLOCK E – CVO QS**

Is applicant applying for QS for any crab QS fishery for which the applicant purchased an LLP license prior to January 1, 2002, in order to remain in that fishery?

YES ☐ NO ☐ If YES, complete Block E.

You may obtain an initial distribution of QS for a fishery based upon the history of either the vessel on which the permanent fully transferable LLP is based **or** the vessel on which the LLP was used, **not both**.

Please enter the vessel information for the vessel on whose history you would like to base your QS allocation for this fishery.

LLP crab license No.	Vessel Name	ADF&G No.	USCG No.
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**BLOCK F – CVO QS**

Is applicant-claiming QS based on the fishing history of a vessel that was lost or destroyed?

YES ☐ NO ☐ If YES, complete Block F.

1. Enter the information for the vessel that was lost or destroyed for which you are claiming QS.

Vessel Name:	ADF&G No.	Date vessel destroyed or lost  (attach evidence of loss)
	USCG No.	

2. Was this vessel replaced with a newly constructed vessel?

YES ☐ NO ☐ If YES, identify replacement vessel below.

Vessel Name:	ADF&G No.:	USCG No.
Date of Vessel Construction	Date vessel entered fishery (ies):	

3. Did the replacement vessel participate in a Bering Sea crab fishery by 10/31, 2002? YES ☐ NO ☐

If YES, you must **provide evidence** of the vessel's participation in a BS crab fishery by 10/31, 2002.

**BLOCK G – CPO QS**

Is applicant applying for CPO QS?

YES ☐ NO ☐ If YES, complete Block G.

Did you process crab from any of the crab QS fisheries included in BLOCK C on board a vessel authorized by one of the LLP licenses listed in question No. 1 in 1998 or 1999?

YES ☐ NO ☐ If YES, list below the information for the processed crab:

Harvest Area	Date of Landing	Crab QS Species
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**BLOCK H – CREW QUOTA SHARE (CVC or CPC)**

A "Crew Quota Share" is issued only to those individuals named on a State of Alaska Interim Use Permit (IUP) that meet all other eligibility criteria. A person's qualification for an initial allocation of CVC or CPC QS is determined on a fishery-by-fishery basis. Attach additional sheets if necessary. *Refer to attachment when answering these questions.*

1. Did you have at least one landing in three of the qualifying years for each crab species for which you are applying for QS?

YES ☐ NO ☐ If YES, complete questions 3 through 8

<b>2. Are you a “recent participant” in these fisheries?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete questions 3 through 8			
3. IUP No.:	4. Vessel Name:	5. ADF&G No.:	6. USCG No.:
<b>7. Qualifying Years or Seasons Fished by Fishery:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> EAG  <input type="checkbox"/> WAG  <input type="checkbox"/> BBR  <input type="checkbox"/> PIK  <input type="checkbox"/> BST  <input type="checkbox"/> BSS  <input type="checkbox"/> SMB  <input type="checkbox"/> WAI         </div> <div style="width: 75%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           ( ) 1996/1997            ( ) 1996            ( ) 1994            ( ) 1991/1992            ( ) 1996            ( ) 1994            ( ) 1992/1993         </div> <div style="width: 20%;">           ( ) 1998            ( ) 1997            ( ) 1995            ( ) 1993            ( ) 1997            ( ) 1995            ( ) 1994         </div> <div style="width: 20%;">           ( ) 1999            ( ) 1999            ( ) 1998            ( ) 1994            ( ) 1998            ( ) 1999            ( ) 1995         </div> <div style="width: 20%;">           ( ) 2000            ( ) 2000            ( ) 1999            ( ) 1997            ( ) 1995            ( ) 1999            ( ) 1997         </div> <div style="width: 20%;">           ( ) 2001            ( ) 2001            ( ) 2000            ( ) 1998            ( ) 1996            ( ) 2000            ( ) 1998         </div> </div> </div> </div>			
<b>8. Is this application being completed on behalf of a deceased crew member?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach documentation proving status as a success of-interest to the applicant.			

<b>BLOCK I – PROCESSOR QS</b>	
<i>Eligible processors are defined as those persons who processed crab during 1998 or 1999, for any crab fishery included in the Crab QS program.</i>	
1. Did you process any of the crab species included in the Crab QS program (see block C) in 1998 or 1999? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, complete questions 2 through 4 for each facility(ies) through which you are claiming eligibility for PQS. Attach additional pages if necessary.
If NO, are you claiming eligibility under hardship provisions? YES <input type="checkbox"/> NO <input type="checkbox"/> <p><i>In order to meet the criteria for hardship provisions, both of the following provisions must apply:</i></p> <p>You processed QS crab during 1998 or 1999,          Or          You processed BSS crab in each season between 1988 and 1997          And          You invested a total expenditure in excess of \$1,000,000 for any processing facility, processing equipment, or a vessel for use in processing operations, including any improvements made to existing facilities from January 1, 1996 to June 10, 2002.</p>	
2. Facility Name:	3. ADF&G Processor Code: F -
<b>4. Qualifying Years or Seasons by Fishery:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> EAG  <input type="checkbox"/> WAG  <input type="checkbox"/> BBR  <input type="checkbox"/> PIK  <input type="checkbox"/> BST  <input type="checkbox"/> BSS  <input type="checkbox"/> SMB  <input type="checkbox"/> WAI         </div> <div style="width: 75%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           ( ) 1996/1997            ( ) 1997            ( ) 1996            ( ) 1996            ( ) 1997            ( ) 1996            ( ) 1996         </div> <div style="width: 20%;">           ( ) 1998            ( ) 1998            ( ) 1998            ( ) 1997            ( ) 1998            ( ) 1998            ( ) 1997         </div> <div style="width: 20%;">           ( ) 1999/2000            ( ) 1999/2000            ( ) 1999            ( ) 1998            (Based on processing history of BBR and BSO)            ( ) 1999            ( ) 1998            ( ) 1999         </div> <div style="width: 20%;">           ( ) 2000            ( ) 2000            ( ) 1999            ( ) 1998            ( ) 1998            ( ) 1998            (Based on processing history of WAG)         </div> </div> </div> </div>	

2. Facility Name:	3. ADF&G Processor Code: F -
4. Qualifying Years or Seasons by Fishery:  <div style="margin-left: 40px;"> <input type="checkbox"/> EAG    ( ) 1996/1997    ( ) 1998    ( ) 1999/2000  <input type="checkbox"/> WAG    ( ) 1996/1997    ( ) 1998    ( ) 1999/2000  <input type="checkbox"/> BBR    ( ) 1997    ( ) 1998    ( ) 1999  <input type="checkbox"/> PIK    ( ) 1996    ( ) 1997    ( ) 1998  <input type="checkbox"/> BST    (Based on processing history of BBR and BSO)  <input type="checkbox"/> BSS    ( ) 1997    ( ) 1998    ( ) 1999  <input type="checkbox"/> SMB    ( ) 1996    ( ) 1997    ( ) 1998  <input type="checkbox"/> WAI    (Based on processing history of WAG) </div>	

2. Facility Name:	3. ADF&G Processor Code: F-
4. Qualifying Years or Seasons by Fishery:  <div style="margin-left: 40px;"> <input type="checkbox"/> EAG    ( ) 1996/1997    ( ) 1998    ( ) 1999/2000  <input type="checkbox"/> WAG    ( ) 1996/1997    ( ) 1998    ( ) 1999/2000  <input type="checkbox"/> BBR    ( ) 1997    ( ) 1998    ( ) 1999  <input type="checkbox"/> PIK    ( ) 1996    ( ) 1997    ( ) 1998  <input type="checkbox"/> BST    (Based on processing history of BBR and BSO)  <input type="checkbox"/> BSS    ( ) 1997    ( ) 1998    ( ) 1999  <input type="checkbox"/> SMB    ( ) 1996    ( ) 1997    ( ) 1998  <input type="checkbox"/> WAI    (Based on processing history of WAG) </div>	

<b>BLOCK I – PROCESSOR QS (continued)</b>
5. Has applicant entered into a Community Right of First Refusal (ROFR) contract pertaining to the transfer of any PQS and/or IPQ subject to ROFR and issued as a result of this application? YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Has applicant entered into a contract that the legal processing history and rights to apply for and receive PQS based on that legal processing history have been transferred or retained? YES <input type="checkbox"/> NO <input type="checkbox"/>
7. If applicant is applying to receive PQS for the WAG crab QS fishery, does applicant own a crab processing facility in the West region as defined at § 680.40? YES <input type="checkbox"/> NO <input type="checkbox"/>
<p style="text-align: center;"><b>Notice and contract provisions for community right of first refusal (ROFR) for initial issuance of QS and PQS.</b></p> <p>1. An application for PQS from a person based on legal processing that occurred in an ECC, other than Adak, must attach:</p> <p style="margin-left: 40px;">An affidavit<sup>1</sup> signed by the applicant stating that notice has been provided to the ECC of the applicant's intent to apply for PQS 60 days prior to the end of the application period.</p> <p style="margin-left: 40px;">If the ECC designates an entity to represent it in the exercise of ROFR, attach an affidavit<sup>2</sup> of completion of a contract for ROFR that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act. The applicant for initial allocation of PQS and the designated ECC entity must sign the affidavit. A list of contract</p>

terms is available from the NMFS Alaska Region website at [www.fakr.noaa.gov](http://www.fakr.noaa.gov)

2. An application for crab QS or PQS from a person based on legal processing that occurred in the Gulf of Alaska north of a line at 56 E 20' N. lat. must attach:

An affidavit<sup>3</sup> signed by the applicant stating that notice has been provided to the City of Kodiak and Kodiak Island Borough of the applicant's intent to apply for PQS 60 days prior to the end of the application period.

If the City of Kodiak and Kodiak Island Borough designate an entity to represent it in the exercise of ROFR, attach an affidavit<sup>4</sup> of completion of a contract for ROFR that includes the terms enacted under the Consolidated Appropriations Act of 2004 (Public Law 108-199) and that is signed by the applicant for initial allocation of PQS and the ECC entity designated by the City of Kodiak and Kodiak Island Borough. A list of contract terms is available from the NMFS Alaska Region website at [www.fakr.noaa.gov](http://www.fakr.noaa.gov).

#### **BLOCK J – APPLICANT SIGNATURE**

*Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

1. Signature of Applicant:

2. Date:

3. Printed Name of Applicant: (**Note:** If this is completed by an authorized representative, attach authorization.):

#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

#### **ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p>Instructions</p> <p><b>APPLICATION FOR CRAB QS AND PROCESSOR PQS</b></p>
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Type or print legibly in ink and retain a copy of completed application for your records.

An application that is postmarked, faxed, or hand delivered after the ending date for the application period for the Crab QS Program will be denied.

Submit the completed application to **NMFS Alaska Region, Restricted Access Management**

By mail to:

Hand delivery to:

Fax to:

**P.O. Box 21668  
Juneau, AK 99802-1668**

**709 West 9<sup>th</sup> Street, Room 713**

**907-586-7354**

If you need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

### **BLOCK A – TYPE OF CRAB QS OR PQS FOR WHICH YOU ARE APPLYING**

Please select the type of Crab QS for which you are applying.

### **BLOCK B - APPLICANT INFORMATION**

Name, permanent business mailing address, business telephone, business facsimile, business e-mail address of the applicant;

NMFS Person ID (if applicable) and Tax ID/social security number (SSN) of applicant;

**The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code

requires collection of this information from each person doing business with a federal agency.

This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Indicate (YES or NO) whether applicant is a U.S. citizen; if YES, his or her date of birth;

Indicate (YES or NO) whether applicant is a U.S. corporation, association, or other business entity; if YES, the date of incorporation;

Indicate (YES or NO) whether applicant is deceased; if YES, date of death. A copy of the death certificate must be attached to application;

Indicate (YES or NO) whether applicant is no longer in existence; if YES, date of dissolution. Valid evidence of dissolution must be attached to application;

**Note: Applicants for CVO, CPO, CVC or CPC QS must be U.S. Citizens or U.S. Corporations, Partnerships or Other Business Entity. Applicants for PQS are not required to be U.S. Citizens.**

### **BLOCK C – FISHERY AND QS TYPE**

Select the crab fishery (ies) for which you are seeking quota share, QS type (CVO/CPO, CVC/CPC or PQS), and the region (North or South), if applicable. Regionalization does not apply to CPO or CPC QS types.

*Note: Regions are specified as North being all areas on the Bering Sea north of 56° 20' N Latitude and South being areas not included in the North Region.*

## **BLOCK D – CVO OR CPO QS**

If applicant is claiming vessel catch history for purposes of the crab QS program, complete Block D (use more than one section, if necessary).

**Note:** *Persons eligible to receive an initial allocation of CVO or CPO QS are those persons who hold **permanent, fully transferable** LLP crab species licenses*

For vessels whose catch histories are being claimed for purposes of the crab QS program, enter the following information:

1. Provide each permanent, fully transferable LLP crab license number under which you are applying for QS.
2. Provide the number of the vessel crab moratorium permit number you held, if applicable, for the years 1996 – 1999.
- 3-5. Include the name, ADF&G vessel registration number, and USCG documentation number of the vessel(s) whose fishing history gave rise to each LLP crab license or that was used under the authority of each LLP license listed.
6. Indicate the crab fisheries for which you are claiming QS and the qualifying years or seasons during which the listed vessel(s) participated.

## **BLOCK E – CVO QS**

If applicant is applying for QS for any crab QS fishery for which the applicant purchased an LLP license prior to January 1, 2002, in order to remain in that fishery, complete Block E.

You may obtain an initial distribution of QS for a fishery based upon the history of either the vessel on which the permanent fully transferable LLP is based or the vessel on which the LLP was used. Not both.

Please indicate:

crab LLP license number,

vessel name, ADF&G vessel registration number, and USCG documentation number

## **BLOCK F -- CVO QS**

If applicant is claiming QS based on the fishing history of a vessel that was lost or destroyed, complete Block F.

1. Enter the information for the vessel that was lost or destroyed for which you are claiming QS.  
vessel name, ADF&G vessel registration number, and USCG documentation number  
date the vessel was destroyed.
2. Indicate (YES or NO) whether the vessel was replaced with a newly constructed vessel  
If YES, identify replacement vessel  
vessel name, ADF&G vessel registration number, and USCG documentation number  
date of construction, and  
date the vessel entered the fishery.
3. Indicate (YES or NO) whether the newly constructed vessel participated in a Bering Sea crab fishery by October 31, 2002  
If YES, provide evidence of the vessel's participation.

## **BLOCK G – CPO QS**

If applicant is applying for CPO QS, complete Block G.

Indicate (YES or NO) whether you processed crab from any of the crab QS fisheries included in BLOCK C on board a vessel authorized by one of the LLP licenses listed in question No. 1 in 1998 or 1999.

If YES, provide the following information

Harvest area  
Date of landing  
Crab QS species

## **BLOCK H – CVC OR CPC QS**

A “Crew Quota Share” is to be issued only to those individuals named on a State of Alaska Interim Use Permit (IUP) that meet all other eligibility criteria. A person’s qualification for an initial allocation of CVC or CPC QS is determined on a fishery-by-fishery basis.

1. Indicate (YES or NO) whether applicant had at least one landing in three of the qualifying years for each crab species for which applying for QS? If YES, refer to Attachment 1.
2. Indicate (YES or NO) whether applicant is a recent participant in these fisheries?  
If YES, refer to Attachment 1 and complete questions 3 through 8.
3. IUP permit number.
- 4-6. Name, ADF&G vessel registration number, and USCG documentation number of vessel on which harvesting occurred.
7. Qualifying years or seasons fished by fishery;
8. Indicate (YES or NO) whether the application is made on behalf of a deceased crewmember. If YES, attach to the application valid documentation proving the person’s status as a successor-in-interest to and valid evidence of the death of that eligible applicant. Recency requirements shall be waived, and QS may be issued to the individual’s estate.

## **BLOCK I – PROCESSOR QS**

Eligible processors are defined as those persons who processed crab during 1998 or 1999, for any crab fishery included in the Crab QS program.

1. Indicate (YES or NO) whether the applicant processed any of the crab species included in the Crab QS program (see BLOCK C) in 1998 or 1999. If YES, enter the following information for each processing facility where QS crab were processed through which applicant is claiming eligibility for BSAI crab PQS:

2. Facility name
3. ADF&G processor code;

4. Qualifying years or seasons by fishery;

If NO to 1, indicate (YES or NO) whether applicant is claiming eligibility under hardship provisions; If YES, both of the following provisions must apply to a processor to obtain hardship provisions; attach evidence of both to the application:

Processed QS crab in 1998 or 1999, or processed BSS crab between 1988 and 1997; and

Invested a total expenditure in excess of \$1,000,000 for any processing facility, processing equipment, or a

**Application for QS or PQS**

vessel for use in processing operations, including any improvements made to existing facilities from January 1, 1996 to June 10, 2002;

5. Indicate (YES or NO) whether applicant has entered into a Community Right of First Refusal (ROFR) contract, pertaining to the transfer of any PQS and/or IPQ subject to ROFR and issued as a result of this application.
6. Indicate (YES or NO) whether applicant has entered into a contract that the legal processing history and rights to apply for and receive PQS based on that legal processing history have been transferred or retained. Any other information deemed necessary by the Regional Administrator.
7. If applicant is applying to receive WAG PQS, indicate (YES or NO) whether applicant owns a crab processing facility in the West region. The Western Region is defined in 50 CFR 680.40 as the area West of 174 N. Longitudes.

**Notice and contract provisions for community right of first refusal (ROFR) for initial issuance of QS and PQS.**

1. An application for PQS from a person based on legal processing that occurred in an ECC, other than Adak, must have attached:

An affidavit<sup>1</sup> signed by the applicant stating that notice has been provided to the ECC of the applicant's intent to apply for PQS 60 days prior to the end of the application period.

If the ECC designates an entity to represent it in the exercise of ROFR, attach an affidavit<sup>2</sup> of completion of a contract for ROFR that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act. The applicant for initial allocation of PQS and the designated ECC entity must sign the affidavit. A list of contract terms is available from the NMFS Alaska Region website at [www.fakr.noaa.gov](http://www.fakr.noaa.gov)

2. An application for crab QS or PQS from a person based on legal processing that occurred in the Gulf of Alaska north of a line at 56 E 20' N. lat. must have attached:

An affidavit<sup>3</sup> signed by the applicant stating that notice has been provided to the City of Kodiak and Kodiak Island Borough of the applicant's intent to apply for PQS 60 days prior to the end of the application period.

If the City of Kodiak and Kodiak Island Borough designate an entity to represent it in the exercise of ROFR, attach an affidavit<sup>4</sup> of completion of a contract for ROFR that includes the terms enacted under the Consolidated Appropriations Act of 2004 (Public Law 108-199) and that is signed by the applicant for initial allocation of PQS and the ECC entity designated by the City of Kodiak and Kodiak Island Borough. A list of contract terms is available from the NMFS Alaska Region website at [www.fakr.noaa.gov](http://www.fakr.noaa.gov).

**BLOCK J – APPLICANT SIGNATURE**

Printed name and signature of applicant and date signed. If authorized representative, submit proof of authorization.

Table 7 to Part 680-- Initial Issuance of Crab QS by Crab QS Fishery

<u>Column A:</u> Crab QS Fisheries	<u>Column B:</u> Qualifying Years for QS	<u>Column C:</u> Eligibility Years for CVC and CPC QS	<u>Column D:</u> Recent Participation Seasons for CVC and CPC QS	<u>Column E:</u> Subset of Qualifying Years
For each crab QS fishery the Regional Administrator shall calculate (see ' 680.40(c)(2):	QS for any qualified person based on that person=s total legal landings of crab in each of the crab QS fisheries for any:	In addition, each person receiving CVC and CPC QS must have made at least one landing per year, as recorded on a State of Alaska fish ticket, in any three years during the base period described below:	In addition, each person receiving CVC or CPC QS, must have made at least one landing, as recorded on a State of Alaska fish ticket, in at least 2 of the last 3 fishing seasons in each of the crab QS fisheries as those seasons are described below:	The maximum number of qualifying years that can be used to calculate QS for each QS fishery is:
Eastern Aleutian Islands golden (brown) king crab (EAG)	5 years of the 5-year base period beginning on: 9/1/96 through 12/25/96; 9/1/97 though 11/24/97; 9/1/98 through 11/7/98; 9/1/99 through 10/25/99; and 8/15/00 through 9/24/00.	3 years of the 5-year base period beginning on: 9/1/96 through 12/25/96; 9/1/97 though 11/24/97; 9/1/98 through 11/7/98; 9/1/99 through 10/25/99; and 8/15/00 through 9/24/00.	9/1/99 through 10/25/99. 8/15/ 2000 through 9/24/00. 8/15/ /01 through 9/10, /01.	5
Western Aleutian Islands golden (brown) king crab (WAG)	5 of the 5 seasons beginning on: 9/1/96 through 8/31/97; 9/1/97 though 8/31/98; 9/1/98 through 8/31/99; 9/1/99 through 8/14/00; and 8/15/00 through 3/28//01.	3 of the 5 seasons beginning on: 9/1/96 through 8/31/97; 9/1/97 though 8/31/98; 9/1/98 through 8/31/99; 9/1/99 through 8/14/00; and 8/15/ 00 through 3/28/01.	9/1/99 through 8/ 14, 2000. 8/15/ 2000 through 3/28/01. 8/ 15 /01 through 3/30/02.	5
Bering Sea Tanner crab (BST)	4 of the 6seasons beginning on: 11/15, 1992 through 3/31/93; 11/1/1993 through 11/10/93; 11/20/93 through 1/1/94; 11/1/1994 through 11/21/94; 11/1/1995 through 11/16/95; and 11/ 1/96 through 11/5/96 and 1/15/96 through 11/27/96.	3 of the 6 seasons beginning on: (1) 11/15/91 through 3/31/92; (2) 11/15/92 through 3/31/93; (3) 11/1/1993 through 11/10/93, and 11/20/93 through 1/1/94; (4) 11/1/94 through 11/21/94; (5) 11/1/95 through 11/16/95; and (6) 11/ 1/96 through 11/5/96 and 11/15/96 through 11/27/96.	in any 2 of the last 3 seasons prior to June 10, 2002 in the Eastern Aleutian Island golden (brown) king crab, Western Aleutian Island golden (brown) king crab, Bering Sea snow crab, or Bristol Bay red king crab fisheries.	4

Bering Sea snow crab (BSS)	4 years of the 5-year period beginning on: 1/15/96 through 2/29/96; 1/15/97 through 3/21/97; 1/15/98 through 3/21/98; 1/15/99 through 3/22/99; and 4/1/00 through 4/8/00.	3 years of the 5-year period beginning on: 1/15/96 through 2/29/96; 1/15/97 through 3/21/97; 1/15/98 through 3/21/98; 1/15/99 through 3/22/99; and 4/1/00 through 4/8/00.	4/1/00 through 4/8/00. 1/15/01 through 2/14/01. 1/15/02 through 2/8/02.	4
Bristol Bay red king crab (BBR)	4 years of the 5-year QS base period beginning on: 11/1/96 through 11/5/96; 11/1/1997 through 11/5/97; 11/1/1998 through 11/6/98; 10/15/99 through 10/20/99; and 10/16/00 through 10/20/00.	3 years of the 5-year QS base period beginning on: 11/1/96 through 11/5/96; 11/1/97 through 11/5/97; 11/1/98 through 11/6/98; 10/15/99 through 10/20/99; and 10/16/00 through 10/20/00.	10/16/00 through 10/20/00. 10/15/01 through 10/18/01. 10/15/02 through 10/18/02.	4
Pribilof red king and blue king crab (PIK)	4 years of the 5-year period beginning on: 9/15/94 through 9/21/94; 9/15/95 through 9/22/95; 9/15/96 through 9/26/96; 9/15/97 through 9/29/97; and 9/15/98 through 9/28/98.	3 years of the 5-year period beginning on: 9/15/94 through 9/21/1994; 9/15/95 through 9/22/95; 9/15/96 through 9/26/96; 9/15/97 through 9/29/97; and 9/15/98 through 9/28/98.	in any 2 of the last 3 seasons prior to June 10, 2002 in the Eastern Aleutian Island golden (brown) king crab, Western Aleutian Island golden (brown) king crab, Bering Sea snow crab, or Bristol Bay red king crab fisheries, except that persons applying for an allocation to receive QS based on legal landings made aboard a vessel less than 60' LOA at the time of harvest are exempt from this requirement.	4
St. Matthew blue king crab (SMB)	4 years of the 5-year period beginning on: 9/15/94 through 9/22/94; 9/15/95 through 9/20/95; 9/15/96 through 9/23/96; 9/15/97 through 9/22/97; and 9/15/98 through 9/26/98.	3 years of the 5-year period beginning on: 9/15/94 through 9/22/94; 9/15/95 through 9/20/95; 9/15/96 through 9/23/96; 9/15/97 through 9/22/97; and 9/15/98 through 9/26/98.	in any 2 of the last 3 seasons prior to June 10, 2002 in the Eastern Aleutian Island golden (brown) king crab, Western Aleutian Island golden (brown) king crab, Bering Sea snow crab, or Bristol Bay red king crab fisheries.	4
Western Aleutian Islands red king crab (WAI)	3 of the 4 seasons beginning on: 11/1/92 through 1/15/93; 11/1/93 through 2/15/94; 11/1/94 through 11/28/94; and 11/1/95 through 2/13/96.	3 of the 4 seasons beginning on: 11/1/92 through 1/15/93; 11/1/93 through 2/15/94; 11/1/94 through 11/28/94; and 11/1/95 through 2/13/96.	in any 2 of the last 3 seasons prior to June 10, 2002 in the Eastern Aleutian Island golden (brown) king crab, Western Aleutian Island golden (brown) king crab, Bering Sea snow crab, or Bristol Bay red king crab fisheries.	3

<b>Annual Application for Crab IFQ/IPQ Permit</b>	U.S. Dept. of Commerce/NOAA Fisheries Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free (907) 586-7202 in Juneau (907) 586-7354 fax	
<b>APPLICATION DEADLINE: AUGUST 1<sup>ST</sup></b>		
<b>APPLICATIONS RECEIVED AFTER AUGUST 1<sup>ST</sup> WILL NOT BE PROCESSED AND NO ANNUAL IFQ OR IPQ WILL BE ISSUED TO THE APPLICANT</b>		
<b>NOTE:</b> Prior to issuance of your permit, NMFS must verify receipt of the following documents: <ul style="list-style-type: none"> <li>• Verification that EDR was submitted.</li> <li>• Verification that all fees were submitted to and received by NMFS.</li> <li>• If submitted by an authorized representative, attach authorization to application.</li> </ul>		
<b><i>Block A – Applicant Information</i></b>		
1. Name:	2. NMFS Person ID:	
3. Date of Birth or Incorporation:	4. SSN <sup>1</sup> or Tax ID:	
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (See instructions):	
7. Business Telephone Number:	8. Business Fax Number:	9. Business E-mail Address:

<sup>1</sup> **Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

**Block B – Crab IFQ Permit Issuance**

Indicate below the type of permit(s) for which you are applying:

☐ Crab Individual Fishing Quota (IFQ) -- complete all blocks (A – F)

☐ Crab Individual Processing Quota (IPQ) -- complete blocks A, B, D and F

Have you joined one or more crab harvesting cooperatives? Yes ☐ No ☐

**If Yes**, in the table below list the name of the crab harvesting cooperative you have joined for each crab fishery. All of your annual IFQ for that crab fishery will be issued to the crab harvesting cooperative and you must ensure that this application is submitted with your cooperative(s) applications for an annual crab harvesting cooperative IFQ permit.

<b>Crab QS Fishery</b>	<b>Name of Crab Cooperative to which annual IFQ should be assigned</b> (enter “none” or “n/a” for each crab QS fishery for which you have not joined a cooperative)
EAG	
WAG	
BBR	
PIK	
BST	
BSS	
SMB	
WAI	

**If No**, all of your annual IFQ, for each crab fishery in which you hold quota share, will be sent to you at the address provided on this form prior to the opening of the fishery

**Block C – Identification of Ownership Interest**

If the person listed in Block A of this application is not an individual (i.e. is a corporation, partnership or other entity) you must provide the names of all owners of this person (to the individual person level) and the percentage of ownership held by each owner, whether that ownership interest is direct or indirect.

<b>Name of Owner(s)</b>	<b>Percentage of ownership (direct or indirect)</b>

### ***Block D - Affidavit Of Affiliation***

I hereby certify, under penalty of perjury, that to the best of my knowledge and understanding of Affiliation, as defined below (and in federal regulations at 50 CFR 680.2) that

☐ I am affiliated with an entity that holds PQS or IPQ

☐ I am not affiliated with an entity that holds PQS or IPQ.

If you have indicated that you are affiliated with an entity that holds PQS or IPQ you must provide, on a separate sheet of paper, a list of all holders of PQS or IPQ with which you are affiliated, including:

Full name, Business mailing address, and Business telephone number.

**NOTE: You may not revise this Affidavit of Affiliation until the next crab fishing year.**

**Affiliation** is defined as follows:

Affiliation means a relationship between two or more entities in which one directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, another, or a third entity directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, both.

For purposes of this definition, the following terms are further defined:

Entity. An entity may be an individual, corporation, association, partnership, joint-stock company, trust, or any other type of legal entity, any receiver, trustee in bankruptcy or similar official or liquidating agent, or any organized group of persons whether incorporated or not, that holds direct or interest in:

Quota share (QS), processor quota share (PQS), individual fishing quota (IFQ), or individual processing quota (IPQ); or,  
For purposes of economic data report (EDR), a vessel or processing plan operating in CR fisheries.

Indirect interest. An indirect interest is one that passes through one or more intermediate entities. An entity's percentage of indirect interest in a second entity is equal to the entity's percentage of direct interest in an intermediate entity multiplied by the intermediate entity's direct or indirect interest in the second entity.

Controls a 10 percent or greater interest. An entity controls a 10 percent or greater interest in a second entity if the first entity:

Controls a 10 percent ownership share of the second entity, or  
Controls 10 percent or more of the voting stock in the second entity.

Otherwise controls.

A PQS or IPQ holder otherwise controls a QS or IFQ holder if it has:

The right to direct, or does direct, the business of the entity which holds the QS or IFQ;

The right in the ordinary course of business to limit the actions of or replace, or does limit or replace, the chief executive officer, a majority of the board of directors, any general partner, or any person serving in a management capacity of the entity which holds the QS or IFQ;

The right to direct, or does direct, the transfer of QS or IFQ;

The right to restrict, or does restrict, the day-to-day business activities and management policies of the entity holding the QS or IFQ through loan covenants;

The right to derive, or does derive, either directly, or through a minority shareholder or partner, and in favor of a PQS or IPQ holder, a significantly disproportionate amount of the economic benefit from the holding of QS or IFQ;

The right to control, or does control, the management of or to be a controlling factor in the entity holding QS or IFQ;

The right to cause, or does cause, the sale of QS or IFQ;

Absorbs all of the costs and normal business risks associated with ownership and operation of the entity holding QS or IFQ; and

Has the ability through any other means whatsoever to control the entity that holds QS or IFQ.

Other factors that may be indicia of control include, but are not limited to, the following:

If a PQS or IPQ holder or employee takes the leading role in establishing an entity that will hold QS or IFQ;

If a PQS or IPQ holder has the right to preclude the holder of QS or IFQ from engaging in other business activities;

If a PQS or IPQ holder and QS or IFQ holder use the same law firm, accounting firm, etc.;

If a PQS or IPQ holder and QS or IFQ holder share the same office space, phones, administrative support, etc.;

If a PQS or IPQ holder absorbs considerable costs and normal business risks associated with ownership and operation of the QS or IFQ holdings;

If a PQS or IPQ holder provides the start up capital for the QS or IFQ holder on less than an arm's-length basis;

If a PQS or IPQ holder has the general right to inspect the books and records of the QS or IFQ holder;

If the PQS or IPQ holder and QS or IFQ holder use the same insurance agent, law firm, accounting firm, or broker of any PQS or IPQ holder with whom the QS or IFQ holder has entered into a mortgage, long-term or exclusive sales or marketing agreement, unsecured loan agreement, or management agreement.

<b>Block E – Signature of Applicant</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.	
1. Signature of Applicant:	2. Date:
3. Printed Name of Applicant (note: if this is completed by an authorized representative, attach authorization)	

## **APPLICATION DEADLINE: AUGUST 1<sup>ST</sup>**

**APPLICATIONS RECEIVED AFTER AUGUST 1<sup>ST</sup> WILL NOT BE PROCESSED AND  
NO ANNUAL IFQ OR IPQ WILL BE ISSUED TO THE APPLICANT.**

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial crab fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and under 16 USC 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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Instructions  
ANNUAL APPLICATION FOR CRAB  
IFQ/IPQ PERMIT

**APPLICATION DEADLINE: AUGUST 1<sup>ST</sup>**

APPLICATIONS RECEIVED AFTER AUGUST 1<sup>ST</sup> WILL NOT BE PROCESSED AND NO ANNUAL IFQ  
OR IPQ WILL BE ISSUED TO THE APPLICANT.

It is the responsibility of the applicant to ensure that this application is received by NOAA Fisheries. If you have joined a crab harvesting cooperative, ensure that the cooperative submit your application to NMFS.

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management at (800) 304-4846 (#2) or (907) 586-7202 (#2).

When completed, mail the application to

NOAA Fisheries Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668

It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions or provide attachments could result in delays in the processing of your application.

**BLOCK A – APPLICANT INFORMATION**

1. Name: Full name as it appears on QS Certificate and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Certificate or TEC.
3. Date of Birth or Incorporation: Birth date of the person or date of incorporation if a non-individual.
4. SSN (optional) or Tax ID:

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits.

Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

5. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
6. Temporary Business Mailing Address: Address you want the transfer documentation sent if somewhere other than to the permanent address.

7-9 Business Telephone Number, Fax Number (including area codes) and e-mail address (if available).

## **BLOCK B – CRAB IFQ PERMIT ISSUANCE**

Indicate the type of permit(s) for which you are applying: Crab IFQ or Crab IPQ.

Indicate (YES or NO) whether you joined one or more crab harvesting cooperatives.

If “YES,” provide the name of the cooperative you have joined for each crab QS fishery. Indicate NONE or N/A if you did not join a cooperative for a particular crab QS fishery.

**NOTE: If applicant has joined a cooperative, this application must be submitted by the cooperative, together with the cooperative’s completed application for an annual crab harvesting cooperative IFQ permit.**

## **BLOCK C -- IDENTIFICATION OF OWNERSHIP INTERESTS**

If the person listed in Block A of this application is a non-individual (*i.e.*, a corporation, partnership or other entity), provide the names of all owners of this non-individual QS or PQS holder, to the individual level and the percentage of ownership (direct or indirect). For example, if this is a corporation owned by another corporation, then the names of both the owning corporation and the owners of that corporation’s individual members must be provided

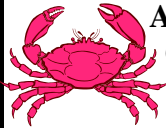

## **BLOCK D – AFFIDAVIT OF AFFILIATION**

- Indicate whether or not you are affiliated with any entity that holds PQS or IPQ.
- If you are affiliated (see form for definition), you must provide the names, addresses, and business telephone numbers for all persons with whom you are affiliated.

**NOTE: You may not revise your Documentation of Affiliation until the next crab fishing year.**

## **BLOCK E – SIGNATURE OF APPLICANT**

Applicant must print and sign name and indicate date signed. If an authorized agent, attach proof of authorization to this application.

 <b>APPLICATION FOR REGISTERED CRAB RECEIVER (RCR) PERMIT</b>	U.S. Department of Commerce/ NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / (907) 586-7202 in Juneau (907) 586 -7354 fax	
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Is this application a renewal? Yes ☐ No ☐Is this application being amended during the crab fishing year? Yes ☐ No ☐

If this application is a renewal or an amended application, provide current RCR permit number: \_\_\_\_\_

**BLOCK A – APPLICANT IDENTIFICATION**

1. Name of Applicant:	2. SSN* or TAX ID (required):	3. NMFS Person ID:
4. Name of Contact Person (if Applicant is company, partnership or other business entity):		
5. Permanent Business Mailing Address:		
6. Business Telephone No.:	7. Business Fax:	8. Business E-mail (if available):
<i>The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679 or Part 680.</i>		

**BLOCK B – TYPE OF ACTIVITY (check all applicable)**Catcher/Processor ☐ Stationary Floating Crab Processor ☐ Shoreside Processor ☐**BLOCK C – INDIVIDUAL RESPONSIBLE FOR SUBMISSION OF ECONOMIC DATA REPORT (EDR)**

1. Name of designated representative:	2. Business telephone number:
3. Business Mailing Address:	4. Business Facsimile No.:
	5. Business E-mail (if available):

**BLOCK D – SIGNATURE**

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented herein is true, correct, and complete.

1. Signature of Applicant or Authorized Agent:

2. Date:

3. Printed Name of Applicant or Authorized Agent (Note: If this is completed by an agent, attach authorization):

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics

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## **Instructions for Completing Application for Registered Crab Receiver (RCR) Permit**

Indicate in the space provided whether the application is for a new permit, a renewal or an amendment to an existing permit. If the application is a renewal or amendment, provide the current RCR permit number.

### ***Block A – Applicant Identification***

1. Provide the name of the person applying to become an RCR.
2. Provide the SSN or TAX ID of the applicant.  
*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679 or Part 680.*
3. Provide the NMFS ID, if known, of the applicant. If not known, leave blank.
4. Provide the name of a contact person for the applicant, if the applicant is a corporation, partnership or other business entity.
5. Provide the permanent business mailing address of the applicant. This is the address to which the RCR permit will be sent.
6. Provide the business telephone number, facsimile number, and e-mail address (if available) of the applicant.

### ***Block B – Type of Activity***

Check the type of activity that the applicant intends to perform as an RCR. Applicants must check all activities that apply to their operation.

### ***Block C – Individual Responsible for Submission Economic Data Report (EDR)***

All Registered Crab Receivers are responsible for submission of an Economic Data Report (EDR) to the NMFS Authorized Data Collection Agent (DCA). Each RCR must identify an individual who will be responsible for submission of this EDR on behalf of the RCR. The EDR will be sent to the individual identified on this application form. If the responsible individual changes during the crab fishing year, the RCR must submit an amended application naming a new responsible individual.

1. Provide the name of the individual who will be responsible for submission of the EDR.
- 2 – 5. Provide the mailing address, telephone number, facsimile number and e-mail address of the person identified in #1.

***Block D – Signature***

1-3. Sign, Print name, and Date the application. Representatives acting on behalf of an applicant must supply proof of authorization.

# **REGISTERED CRAB RECEIVER (RCR) FEE SUBMISSION FORM**

U.S. Department of Commerce/ NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / (907) 586-7202 in Juneau  
(907) 586 -7354 fax



## ***BLOCK A – IDENTIFICATION OF RCR***

1. Name of RCR:

2. NMFS Person ID Number:

3. RCR permit number:

4. SSN\* or Tax ID Number:

5. Business Mailing Address:

6. Business Telephone Number:

7. Business Fax Number:

8. Business E-mail Address (if any):

\* **The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

## ***BLOCK B – METHOD OF PAYMENT***

Indicate method of Payment for Fees

☐ Credit Card

Type of Card:

Card Number:

Expiration Date:

Name as printed on card:

Signature of credit card holder:

Date Signed:

☐ Personal Check, Cashier's Check, or Money Order

Make payable to National Marine Fisheries Service (NMFS).

**(Reminder! Sign your check and if paying for more than one RCR, include all Fee Submission forms.)**

<b><i>BLOCK C – APPLICANT SIGNATURE</i></b>
Under penalty of perjury, I hereby declare that I, the undersigned, completed this application and that the information contained herein is true, correct, and complete to the best of my knowledge and belief. (If completed by representative, attach authorization)
1. Printed Name of Applicant (if completed by Agent, attach authorization):
2. Signature of Applicant:
3. Date:

<p style="text-align: center;"><b>INSTRUCTIONS FOR REGISTERED CRAB RECEIVER (RCR) FEE SUBMISSION FORM</b></p>
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***BLOCK A – IDENTIFICATION OF RCR***

1. Enter name, NMFS ID Number, and SSN\* or Tax ID Number of applicant  
\* **The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.
2. Enter Business mailing address.
3. Enter Business telephone number, fax number, and e-mail address (if available).

***BLOCK B – METHOD OF PAYMENT***


Indicate method of Payment:

Credit Card: Enter type of card, card number, expiration date, printed name on card, and amount of payment. **Signature of credit card holder is required.**

Personal Check, Cashier's Check, or Money Order. Make payable to National Marine Fisheries Service (NMFS). **(Reminder! Sign your check and if paying for more than one RCR, include all Fee Submission forms.)**

***BLOCK C – SIGNATURE OF APPLICANT***

Print name of registered crab receiver or authorized agent, signature, and date signed.

<p><b>APPLICATION FOR CRAB IFQ HIRED MASTER PERMIT</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free           (907) 586-7202 in Juneau           (907) 586-7354 fax</p>	
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- If submitted by an authorized representative, attach authorization to application.
- To demonstrate percent of vessel ownership by IFQ permit holder, attach a copy of the U.S. Coast Guard *Abstract Of Title or Certificate Of Documentation* to this application.

<b>BLOCK A -- PURPOSE OF APPLICATION</b>		
<p>This application must be used to obtain a crab IFQ Hired Master Permit for hired masters where authorized under regulations at 50 CFR Part 680. A separate application must be completed for each vessel and Crab IFQ Permit.</p>		
<p>Add Authorized Hired Master    [   ]</p>		<p>List permit(s) to which this authorization applies.</p>
<p>Delete Authorized Hired Master [   ]</p>		
<b>BLOCK B -- PERMIT HOLDER INFORMATION</b>		
<p>1. Name of Permit Holder:</p>		<p>2. NMFS Person ID:</p>
<p>3. SSN* (optional) or TAX ID:</p>		<p>4. Business Mailing Address:            Permanent    [   ]            Temporary    [   ]</p>
<p>5. Business Telephone No.</p>		<p>6. Business Fax No.:</p>
		<p>7. Business E-mail:</p>

\* **Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

BLOCK C -- IDENTIFICATION OF VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED		
1. Vessel Name:	2. ADF&G Number	3. USCG Number:
4. Does the IFQ Permit Holder hold an ownership interest of at least 10% in the named vessel?    Yes [    ]        No [    ]  If YES, attach documentation of IFQ permit holder's 10% ownership interest.		

**BLOCK D – IFQ HIRED MASTER PERMIT HOLDER INFORMATION**  
**(If you have more than one cardholder, use the additional cardholder sections below)**

1. Name of Hired Master:		2. NMFS Person ID:	
3. SSN* (optional) or TAX ID:		4. Date of Birth:	
5. Business Mailing Address: Permanent [ ] Temporary [ ]			
6. Business Telephone Number:	7. Business Fax Number:	8. Business E-mail Address:	

**\*Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided,, NMFS will assign a unique code that will identify the records.

1. Name of Hired Master:		2. NMFS Person ID (if any):	
3. SSN* (optional) or TAX ID:		4. Date of Birth:	
5. Business Mailing Address: Permanent [ ] Temporary [ ]			
6. Business Telephone Number:	7. Business Fax Number:	8. Business E-mail Address (if available):	

1. Name of Hired Master:		2. NMFS Person ID (if any):	
3. SSN (optional) or TAX ID*:		4. Date of Birth:	
5. Business Mailing Address (this is where the card will be mailed): Permanent [ ] Temporary [ ]			
6. Business Telephone Number:	7. Business Fax Number:	8. Business E-mail Address (if available):	

**BLOCK E – SIGNATURE OF APPLICANT**

**Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.**

1. Signature of Applicant:

2. Date:

3. Printed Name of Applicant (Note: If this is completed by an authorized representative, attach authorization):

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics

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<p style="text-align: center;"><b>Instructions</b> <b>APPLICATION FOR CRAB IFQ HIRED MASTER PERMIT</b></p>
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Crab IFQ permit holders who are not individuals **MUST** designate a master to harvest their crab IFQ. RAM will not automatically send a hired master permit to the representative or the agent of non-individual quota share (QS) holders.

A legible copy of a IFQ Hired Master Permit must be on board a vessel used to harvest IFQ crab at all times such crab are retained on board. Except as specified in § 680.42, an individual who is issued a Crab IFQ Hired Master Permit must remain aboard the vessel used to harvest IFQ crab with that permit during the crab QS fishing trip and at the landing site until all crab harvested under that permit are offloaded and the landing report for such crab is completed.

- Type or print information legibly in ink and retain a copy of completed application for your records.

- Mail completed forms and proof of vessel ownership to:

NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668

If you need additional information, call Restricted Access Management (RAM) at (800) 304-4846 (#2) or (907) 586-7202 (#2).

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail to the hired master's permanent address, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

***BLOCK A – PURPOSE OF APPLICATION***

A Crab IFQ Hired Master Permit authorizes the individual identified on the permit to harvest and land IFQ crab for debit against the specified Crab IFQ Permit until the Crab IFQ Hired Master Permit expires or is revoked, suspended, or modified under 15 CFR part 904 or on request of the Crab IFQ Permit holder. This application must be used to obtain a Crab IFQ Hired Master Permit for hired masters where authorized under regulations at 50 CFR part 680. A separate application must be completed for each vessel and Crab IFQ Permit.

Check whether this application will add an authorized hired master or delete an authorized hired master. Enter the permit number(s) to which this authorization applies.

***BLOCK B - PERMIT HOLDER INFORMATION***

1. Name of Permit Holder. Enter name of permit holder as it appears on the IFQ permit.
2. NMFS Person ID. Enter the person identification number assigned to the permit holder by RAM.
3. SSN (optional) or Tax ID

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

4. Business Mailing Address. Enter business mailing address, including street or P.O. Box number, city, state, and zip code. Indicate whether this is a permanent or temporary address. If you choose Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database.
- 5-6. Business Telephone Number and FAX number. Enter business telephone number and fax number, including area codes.
7. Business e-mail. Enter business e-mail address where the permit holder or the authorized representative can be reached.

***BLOCK C - IDENTIFICATION OF VESSEL UPON WHICH IFQ CRAB WILL BE HARVESTED***

1. Name of the vessel on which the hired master will be fishing applicant's IFQs.
2. ADF&G vessel registration number of the vessel.
3. USCG documentation number of the vessel
4. Indicate (YES or NO) whether the permit holder owns at least 10 percent of the vessel identified in this block. With few exceptions, a minimum of 10 percent ownership in the vessel is required in order to hire a master to harvest crab IFQ.

You must submit a current copy of *USCG Abstract of Title* or *Certificate of Documentation* demonstrating the percentage of the permit holder's ownership interest in the named vessel. A current copy of the USCG Abstract of Title or Documentation can be obtained by contacting the

USCG National Vessel Documentation Center  
2039 Stonewall Jackson Drive  
Falling Waters, WV 25419

or by telephone at (800) 799-8362 or (304) 271-2400.

### ***BLOCK D – IFQ HIRED MASTER PERMIT HOLDER INFORMATION***

Complete a section for each cardholder for whom you are requesting a crab IFQ Hired Master permit.

1. Name of Hired Master. Enter name of the person you wish to authorize on the IFQ hired master permit.
2. NMFS Person ID. Enter the person identification number assigned by RAM.
3. SSN (optional) or Tax ID.

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

4. Date of Birth. Enter date of birth of the hired master.
5. Business Mailing Address. Enter complete business mailing address, including street or P.O. Box number, city, state, and zip code. Indicate whether this is a permanent or temporary address. If you check Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database.
- 6-7. Business Telephone Number and Fax Number. Enter business telephone number and fax number, including area codes, where the permit holder or the authorized representative can be reached.
8. Business E-mail. Enter business e-mail address, if available.

### ***BLOCK E – SIGNATURE OF APPLICANT***

Printed name and signature of applicant and date signed. If an authorized representative, attach proof of authorization to this application.

## APPLICATION FOR FEDERAL CRAB VESSEL PERMIT

United States Department of Commerce  
National Oceanic and Atmospheric Administration  
National Marine Fisheries Service, Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, Alaska 99802-1668  
(800) 304-4846 toll free  
(907) 586-7202 in Juneau  
(907) 586-7354 fax

NOTE: In order to file a complete application, NMFS must be able to verify the following:

- ! Verification that EDR was received by DCA.
- ! Verification that all fees were submitted to and received by NMFS.
- ! If submitted by an authorized representative, attach authorization to application.

**Only persons who are U.S. Citizens are authorized to receive or hold a Federal Crab Vessel Permit.**

**All applicants who plan to participate in any Crab QS Program fishery must complete this form on an annual basis and update as necessary during the crab fishing year.**

If ownership of the vessel listed in Block A or Block B has changed or if this is a permit application for a vessel to which a Federal Crab Vessel Permit has never been issued, **a copy of the U.S. Coast Guard (USCG) Abstract of Title or Certificate of Documentation must be included** with this application.

Is this application (check the one that applies):

a request for a new permit	[ <input type="checkbox"/> ]
a renewal of an existing permit?	[ <input type="checkbox"/> ]
an amendment to an existing permit?	[ <input type="checkbox"/> ]

If a renewal or an amendment, provide current Federal Crab Vessel permit number: \_\_\_\_\_

If an amendment, please refer to the instructions that specify which sections of the application form must be completed in addition to the amendments being made.

### ***BLOCK A B CONTACT OWNER INFORMATION***

(Attach additional pages if necessary)

1. Contact Owner=s Name:

2. Permanent Business Mailing Address:

3. SSN\* or Tax ID (SSN Voluntary):

4. Business Telephone Number:

5. Business Fax Number:

6. Business E-Mail Address (if any):

7. Managing Company Name (if any):

**\*Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

1. Name of Additional Vessel Owner:		2. SSN or Tax ID* (SSN Voluntary):
3. Business Mailing Address (street or P.O. Box, city, state, zip code):		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address (if any):

1. Name of Additional Vessel Owner:		2. SSN or Tax ID* (SSN Voluntary):
3. Business Mailing Address (street or P.O. Box, city, state, zip code):		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address (if any):

1. Name of Additional Vessel Owner:		2. SSN or Tax ID* (SSN Voluntary):
3. Business Mailing Address (street or P.O. Box, city, state, zip code):		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address (if any):

1. Name of Additional Vessel Owner:		2. SSN or Tax ID* (SSN Voluntary):
3. Business Mailing Address (street or P.O. Box, city, state, zip code):		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address (if any):

1. Name of Additional Vessel Owner:		2. SSN or Tax ID* (SSN Voluntary):
3. Business Mailing Address (street or P.O. Box, city, state, zip code):		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address (if any):

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

**BLOCK B VESSEL INFORMATION**

1. Vessel Name:	2. Home Port (city and state):	3. ADF&G Processor Code:
4. Is this vessel a vessel of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. USCG Documentation No.:	6. ADF&G Vessel Registration No.:
7. Length Overall (LOA) _____ Ft. Registered Length _____ Ft.	8. Gross Tonnage:  Net Tonnage:	9. Shaft Horsepower:
10. <b>TYPE OF VESSEL OPERATION</b> Indicate below the type(s) of operation the vessel may conduct during a crab fishing year.  <input type="checkbox"/> Catcher Vessel <input type="checkbox"/> Catcher Processor <input type="checkbox"/> Stationary Floating Crab Processor		

**BLOCK C DESIGNATED REPRESENTATIVE FOR EDR**

**EDR:** If your vessel participates in any of the crab QS program fisheries, you are responsible for submission of an crab economic data report (EDR) to the NMFS authorized data collection agent (DCA). Please provide the name and contact information of the individual who will assume responsibility for ensuring the EDR is completed and submitted in a timely manner. The EDR will be sent to the individual at the address you provide below. If the responsible individual changes, you must provide NMFS with the name and contact information of the new individual responsible for providing this data **within 30 days**.

Full Name of Designated Representative:

Business Mailing Address:

Business Telephone Number:

Business Fax Number:

E-mail address (if available):

**BLOCK D SIGNATURE OF APPLICANT**

Under penalties of perjury, I hereby declare that I, the undersigned, completed this application and that the information contained herein is true, correct, and complete to the best of my knowledge and belief. (If completed by representative, attach authorization).

Applicant Name (please print or type):

Signature:

Date:

Instructions  
APPLICATION FOR  
FEDERAL CRAB VESSEL PERMIT

- T Only U.S. Citizens are authorized to receive or hold a Federal Crab Vessel Permit.
- T Complete a separate application for each vessel. Application forms and instructions are also available on the NMFS, Alaska Region web site at [www.fakr.noaa.gov/ram](http://www.fakr.noaa.gov/ram).
- T A copy of the USCG Abstract of Title or Certificate of Documentation **must be included** with this application if ownership of the vessel listed in Block C has changed or if a Federal Crab Vessel Permit has never been issued using this vessel.
- T Indicate whether or not you are amending your Federal Crab Vessel Permit. If you are amending your permit, you must enter the permit number where indicated and fill out all blocks relevant to your vessel and activities. Failure to complete all relevant blocks can result in improper permitting.
- T Type or print legibly in ink.
- T Retain a copy of completed application for your records.
- T Mail or deliver the completed application to:

**NMFS, Alaska Region  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, Alaska 99802-1668**

Physical location: **Federal Building  
709 W. 9<sup>th</sup> Street, Suite 713  
Juneau, Alaska 99801**

### **SPECIAL HANDLING OF PERMITS**

Applications can be faxed to RAM at (907) 586-7354; however, permits **cannot** and **will not** be faxed back. The original, signed permit must be on board the vessel. Please allow at least 10 days for processing your permit. **Do not wait until right before an opening to apply for your permit**, as you may not receive it on time.

If you would like to have your permit sent by a method other than regular mail, please attach a note indicating a method, and follow the appropriate procedure below.

**Express Mail.** If you would like to have your permit sent to you by U.S. Postal Express Mail, determine from the table below the weight and dimensions of the appropriate documents. Send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope. **NOTE:** If the express mail envelope you send is too small or the postage attached is less than the amount required, your permit and logbook will be sent to you by regular U.S. mail.

**Other Express Carriers.** If you would like to have your permit sent to you by a private express carrier, e.g., Federal Express, UPS, DHL, etc., submit your account number and name of carrier or a prepaid envelope with the permit application.

If you have questions when completing the application, please call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2), check our web site at [www.fakr.noaa.gov/ram](http://www.fakr.noaa.gov/ram), or e-mail your questions to [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov).

**Federal Crab Vessel Permits** are required for all vessels participating in a CR crab program fishery.

**CR Crab Program fisheries** include: Eastern AI brown king, Western AI brown king, Bristol Bay red king, Pribilof red king and blue king, Bering Sea *C. bairdi*, Bering Sea *C. opilio*, St. Matthew blue king, Western AI red king; CDQ and Adak community allocations of these BSAI crab fisheries.

**VMS:**

Vessels participating in any of the crab QS fisheries are required to have on board and use a Vessel Monitoring System (VMS) while these fisheries are open, regardless of where the vessel is fishing at the time (including Alaska State waters) or what the vessel is targeting

**EDR:**

You must provide the name and contact information of an individual who will be responsible, on behalf of the vessel=s owner(s), for completing and submitting a crab economic data report (EDR) to a NMFS authorized data collection agent (DCA). The DCA will send the necessary EDRs to this individual at the address you provide.

If the person authorized on behalf of the vessel=s owner(s) changes during the calendar year, you must submit a revised Federal Crab Vessel Permit application **within 30 days** and provide the name and contact information for the new responsible individual.

**BLOCK A B CONTACT OWNER INFORMATION**

1. Enter the full name of the contact owner of the vessel listed in Block C.

**Note:** If there is more than one owner, list all additional owners. The permit will be issued to the first owner listed, with an *et al.* notation. The permit **MUST** be issued to the owner of the vessel, not to operators or lessees.

A copy of the USCG Abstract of Title or Certificate of Documentation **must be included** with this application if ownership of the vessel used as a stationary floating processor listed in Block B

2. Enter your complete **permanent** business mailing address. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your **permanent** business address on the application and attach a note with your alternate address.
3. Enter your Social Security Number (optional) or Tax Identification Number.

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

- 4-6. Enter the business telephone number, including area code, business fax number, and business e-mail address, if any, the vessel owner uses that. It is very important that you provide a number where we can contact you, or where we can leave messages for you. If questions arise concerning your application and we are unable to contact you, issuance of your permit will be delayed.
7. Enter the name of the company, if other than the owner, that manages the operations of the vessel.

#### **BLOCK A B ADDITIONAL VESSEL OWNER INFORMATION**

1. Enter the full name of the each additional owner of the vessel listed in Block C.
2. Enter each additional owners complete **permanent** business mailing address.
3. Enter each additional owners Social Security Number or Tax Identification Number.

**Privacy Act Statement:** Federal regulations at 50 CFR part 680 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

- 4-6. Enter the business telephone number, including area code, business fax number, and business e-mail address, if any, each additional vessel owner uses that. It is very important that you provide a number where we can contact each vessel owner, or where we can leave messages for him or her.

#### **BLOCK B B VESSEL INFORMATION**

1. Enter the complete vessel name as displayed in the official documentation.
2. Enter the home port (city and state) as recorded in official documentation.
3. Enter ADF&G Processor Code, if vessel is a catcher/processor or stationary floating crab processor.
4. Check whether the vessel is a vessel of the United States.
5. Enter USCG documentation number.
6. Enter the ADF&G vessel registration number.
7. Enter the vessel's length overall (LOA) in feet and registered length in feet.

The **LOA** of a vessel means the centerline longitudinal distance, rounded to the nearest foot, measured between: (1) the outside foremost part of the vessel visible above the waterline, including bulwarks, but excluding bowsprits and similar fittings or attachments, and (2) the outside aftermost part of the vessel visible above the waterline including bulwarks, but excluding rudders, outboard motor brackets, and similar fittings or attachments (50 CFR 679.2).

8. Enter registered gross tonnage (U.S. tons) and net tonnage (U.S. tons) as stated in the official documentation.
9. Enter the shaft horsepower.

10. Type of Vessel Operation. Indicate one or a combination of the types of vessel operation you request in the BSAI crab fisheries. Catcher vessel, catcher/processor, or stationary floating crab processor.

Catcher Vessel - A vessel that is used for catching fish and that does not process fish on board.

Catcher/Processor - A vessel that is used for catching fish and processing that fish.

Stationary floating crab processor (SFCP) - A vessel operating as a processor in waters of the State of Alaska that remains anchored or otherwise remains stationary while receiving or processing crab.

## **BLOCK E B CERTIFICATION OF APPLICANT**

Enter the printed name and signature of the applicant and date signed.

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.35 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is mandatory and is required to manage commercial fishing effort in the BSAI under 50 CFR 680, under 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et. seq.*), and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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## Application to Become An Eligible Crab Community Organization (ECCO)

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free  
(907) 586-7202 in Juneau  
(907) 586-7354 fax

### ***BLOCK A - IDENTIFICATION OF APPLICANT***

1. Name of Non-Profit Organization:

2. Taxpayer ID:

3. NMFS Person ID:

4. Business Mailing Address: ☐ Permanent ☐ Temporary

5. Name of Contact Person:

6. Business Telephone No.:

7. Business Fax No.:

8. E-mail Address:

9. Name of Community Represented by Non-Profit:

10. Name of Contact Person for Community Governing Body:

### ***BLOCK B - REQUIRED ATTACHMENTS***

**The following information must be included as attachments to this application; the application will not be processed unless appropriate information and documentation is provided.**

☐ The articles of incorporation under the laws of the State of Alaska for that non-profit organization;

☐ A statement indicating the ECC(s) represented by that non-profit organization for purposes of holding QS;

☐ The bylaws of the non-profit organization;

☐ A list of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers;

☐ Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel;

☐ A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and IFQ.

☐ A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:

Procedures used to solicit requests from residents to lease IFQ;

Criteria used to determine the distribution of IFQ leases among qualified community residents; and

The relative weighting of those criteria.

**BLOCK C –APPLICANT CERTIFICATION**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant:

2. Date:

3. Printed Name of Applicant (if authorized representative, attach proof of authorization to this application):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2.5hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j).; 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p style="text-align: center;"><b>Instructions</b> <b>Application to Become an ECCO</b></p>
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Prior to initially receiving quota share (QS) or individual fishing quota (IFQ) by transfer on behalf of a specific Eligible Crab Community (ECC), a non-profit organization that intends to represent that ECC as an Eligible Crab Community Organization (ECCO) must submit an Application to Become an ECCO and have that application approved by the Regional Administrator. This application is required to establish a person's eligibility to receive QS, processor quota share (PQS), IFQ, or individual processor quota (IPQ) by transfer, if the person is an ECCO.

**BLOCK A - IDENTIFICATION OF APPLICANT**

1. Name and NMFS Person ID of the non-profit organization.
2. Taxpayer ID.
3. Permanent (and temporary, if applicable) business mailing address of the Non-profit organization.
4. Name, telephone number, fax number, and e-mail address (if available) for non-profit organization's designated representative.
5. Name of community (ies) represented by non-profit.
6. Name of contact person for the governing body of each community represented.

**BLOCK B - REQUIRED ATTACHMENTS**

In order to file a complete application, attach the documents listed on application.

**APPLICATION FOR ELIGIBILITY  
TO RECEIVE CRAB QS/IFQ or PQS/IPQ  
BY TRANSFER**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free  
(907) 586-7202 in Juneau  
(907) 586-7354 fax



**NOTE:** In order to file a complete application, NMFS must be able to verify the following:

- Verification that EDR was submitted.
- Verification that all fees were submitted to and received by NMFS.
- Applications involving the permanent transfer of PQS or IPQ (if applicable) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal (ROFR) on the sale of this PQS or IPQ (if applicable).

This application is required to establish a person's eligibility to receive QS, PQS, IFQ, or IPQ by transfer, if the person is not an ECCO. This is a multi-page application. Please make copies of page 2 if more space is needed to document an applicant's 150 days of participation as part of a harvesting crew in any U.S. commercial fisheries. *(type or print legibly)*

**BLOCK A – TYPE OF QS OR PQS FOR WHICH APPLICANT IS SEEKING ELIGIBILITY**

If seeking eligibility for:

- CVO or CPO QS/IFQ    ☐    complete Blocks B, D (if applicable), E and F
- CVC or CPC QS/IFQ    ☐    complete Blocks B, C, E and F
- PQS/IPQ                      ☐    complete Blocks B and F

**BLOCK B - APPLICANT INFORMATION**

1. Name:

2. NMFS Person ID:

3. Date of Birth:

4. SSN\*/TAX ID:

\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

5. Permanent Business Address:

6. Temporary Mailing Address

7. Business Telephone Number:

8. Business Fax Number:

10. Business E-mail Address

11. Are you a U.S. Citizen or U.S. Corporation, Partnership, or other Business Entity? Yes [ ] No [ ]  
*Note: Applicants for CVO, CPO, CVC or CPC QS (and associated IFQ) must be U.S. Citizens or U.S. Corporations, Partnerships or Other Business Entity. Applicants for PQS (and associated IPQ) are not required to be U.S. Citizens.*

**BLOCK C – ELIGIBILITY FOR CVC or CPC SHARES**

Is this TEC intended for a person that wishes to buy CVC or CPC Quota Share? Yes [ ] No [ ]

If “Yes,” you must attach documentation of at least one delivery of a crab species in any crab CR fishery in the 365 days prior to submission of this form, a signed ADF&G fish ticket imprinted with your State of Alaska permit card and signed by you, an affidavit from the vessel owner, or a signed receipt for an IFQ crab landing on which you were acting as the permit holder’s hired master.

**BLOCK D – U.S. CORPORATIONS, PARTNERSHIPS, BUSINESS ENTITIES**

1. Is this application being submitted by a CDQ Group? Yes [ ] No [ ]

If “YES,” continue to Block F.

2. Is this application being submitted on behalf of a Corporation, Partnership or other Business Entity (not including CDQ groups)? Yes [ ] No [ ]

If “Yes,” at least one member of the corporation, partnership or other business entity must submit documentation showing at least 20 percent interest in the corporation, partnership, or other entity, and must provide evidence of at least 150 days as part of a harvesting crew in any U.S. commercial fishery.

Identify the individual member and provide this individual’s commercial fishing experience, name, NMFS person ID, and social security number\* and business mailing address, business telephone number, and business fax number.

Name:	NMFS Person ID:	SSN*:
Business Mailing Address:	Business telephone Number:	Business Fax Number:

**\*The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person’s relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

<b>BLOCK E - COMMERCIAL FISHING EXPERIENCE</b>		
1. Species (one per block):	2. Gear Type:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of <b>Actual</b> Days Spent Harvesting Crab:
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Crab ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to Applicant:
14. Reference's Business Mailing Address:		15. Reference's Business Telephone Number:

1. Species ( <b>one per block</b> ):	2. Gear:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of <b>Actual</b> Days Spent Harvesting Crab:
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Crab ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to You:
14. Reference's Business Mailing Address:		15. Reference's Business Telephone Number:

<b>BLOCK F – APPLICANT CERTIFICATION</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant:	2. Date:
3. Printed Name of Applicant ( <b>Note:</b> If this is completed by an authorized representative, attach authorization):	
4. Notary Public Signature: ATTEST	6. Affix Notary Stamp or Seal Here:
5. Date Commission Expires:	

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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**Instructions**  
**APPLICATION FOR ELIGIBILITY**  
**TO RECEIVE CRAB QS/IFQ or PQS/IPQ**

Unless a person received crab QS by initial issuance, all persons, except non-profits seeking to become an ECCO, applying to receive QS, PQS, IFQ or IPQ by transfer but did not have crab QS or PQS initially awarded to them must submit this application, containing accurate information, to the Regional Administrator.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

Mail the completed application form to:

**NMFS Alaska Region**  
**Restricted Access Management**  
**P.O. Box 21668**  
**Juneau, AK 99802-1668**

If you need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

***BLOCK A – TYPE OF QS or PQS FOR WHICH APPLICANT IS SEEKING ELIGIBILITY***

Indicate the type of crab QS or PQS (and associated IFQ or IPQ) for which you are seeking eligibility to receive by transfer:

- **CVO or CPO QS/IFQ:** *Complete Block B, Block E, and Block F.* If applicant is a corporation, partnership or other business entity then Block D must also be completed. Only those individuals who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery **or** U.S. Corporations, Partnerships or other entities owned in part by individual (at least 20% ownership in the corporation, partnership or other entity is required) who meets the 150 days work experience, are eligible to receive a Transfer Eligibility Certificate (**TEC**) to obtain CVO or CPQ QS/IFQ by transfer. Work in support of harvesting but not directly related to it is not considered harvesting crew work. For example, experience as an engineer, cook, or preparing a vessel for a fishing trip does not satisfy the requirement

- **CVC or CPC QS:** *Complete Block B, Block C, Block E, and Block F.* In addition to the 150 days of experience working as part of a harvesting crew in any U.S. commercial fishery an individual applying for eligibility to receive CVC or CPS QS by transfer, must have made at least one delivery of a crab species in any crab QS fishery in the 365 days prior to submission.

● **PQS/IPQ: Complete Block B, and Block F.** Eligibility to receive PQS/IPQ by transfer is open to any person who completes this form.

### **BLOCK B - APPLICANT INFORMATION**

1. Name: Full name, as it should appear on the certificate.
2. NMFS Person ID: If none, then NMFS will supply this number.
3. Date of Birth: Enter date of birth.
4. SSN or TAX ID:

**The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

5. Permanent Business Address
6. Temporary Mailing Address: Enter the address you want the TEC documentation sent to if somewhere other than your permanent address
- 7-10. Business Telephone Number, FAX number, and e-mail address: Enter the numbers including the area codes and e-mail address (if available).
11. Are you a U.S. Citizen or a U.S. Corporation, Partnership, or Association of Business Entity?  
Applicants for CVO, CPO, CVC or CPC QS (and associated IFQ) must be U.S. Citizens or U.S. Corporations, Partnerships or Other Business Entity. Applicants for PQS (and associated IPQ) are not required to be U.S. Citizens.

### **BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC SHARES**

If you are a person who would like to be able to obtain CVC or CPC QS by transfer, check “Yes.” You will need to provide documentation that you have made at least one delivery of a crab species in any crab QS fishery [as defined at § 680.40] in the 365 days prior to submission of this form, such as a signed ADF&G fish ticket or an affidavit from the vessel owner attesting your presence on board the vessel during such landing.

If you are a corporation, partnership, or other non-individual entity you also must document ownership interest. **Note:** *You may be required to submit further documentation of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

### **BLOCK D – U. S. CORPORATIONS, PARTNERSHIPS, AND OTHER BUSINESS ENTITIES**

U.S. Corporations, Partnerships or other Business Entities seeking eligibility to receive CVO or CPO QS by transfer must complete this section.

1. Indicate if Applicant is a CDQ Group. If yes, ensure that Block B has been completed and move to Block F to sign and complete application form.
2. If this application is being completed on behalf of a U.S. corporation, partnership or other business entity then at least one owner must have at least 150 days of fishing experience as part of a harvesting crew in any U.S. commercial fishery. List the following information for that person:

Name and NMFS Person ID (if known)

SSN

Business mailing address, business telephone number and business facsimile number

Complete Block E for that individual.

## ***BLOCK E - COMMERCIAL FISHING EXPERIENCE***

***Note:*** If you need additional space to provide your commercial fishing experience, copy the second page of the application prior to completing these blocks.

1. Species: Enter any targeted species in a U.S. commercial fishery (enter **only one fishery per block**).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date. (Including MMYYY)
5. Date To: Enter ending date. (Including MMYYY)
6. Number of Actual Days Spent Harvesting Fish: Enter **total days actually spent** doing harvest work during the claimed period in questions 4 and 5.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.
8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or USCG Number: Enter the ADF&G vessel registration number or the USCG documentation number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (may be yourself) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (other than yourself) who is able to verify the above experience.
13. Reference's Relationship to You: Enter the reference's relationship to you.
14. Reference's Business Mailing Address: Enter the reference's business mailing address, including street or P.O. Box number, city, state, and zip code.
15. Reference's Business Telephone Number: Enter the reference's business telephone number, including the area code.

## ***BLOCK F - APPLICANT CERTIFICATION***

1-3. Printed name and signature of applicant and date signed in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Authorized representatives acting on behalf of an applicant must supply proof of authorization to submit this application on the applicant's behalf.

4-6. Signature of Notary Public, date commission expires, and notary stamp or seal. The Notary Public cannot be completed by the person submitting this application.

## APPLICATION FOR TRANSFER OF CRAB QS/IFQ or PQS/IPQ

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free  
(907) 586-7202 in Juneau  
(907) 586-7354 fax



In order to file a complete application, NMFS must verify the following:

- Verification that EDR was received by Data Collection Agent
- Verification that all fees were submitted to and received by NMFS
- Copy is attached of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ
- If requesting a transfer of IFQ or IPQ due to a hardship, documentation is provided supporting the need for such transfer
- If requesting transfer of PQS/IPQ for use outside an ECC that has designated an entity to represent it in exercise of right of first refusal (ROFR), an affidavit is attached to the application, signed by the applicant, stating that notice of the desired transfer has been provided to the Eligible Crab Community (ECC) entity under civil contract terms for the transfer of any PQS or IPQ subject to ROFR.

### ***BLOCK A – TYPE OF TRANSFER***

What type of transfer are you requesting?

CPO QS/IFQ <input type="checkbox"/>	CVO QS/IFQ <input type="checkbox"/>	CVO or CPC IFQ only <input type="checkbox"/>	CPC QS/IFQ <input type="checkbox"/>
CPC QS/IFQ <input type="checkbox"/>	CVC or CPC IFQ only <input type="checkbox"/>	PQS/IPQ <input type="checkbox"/>	IPQ only <input type="checkbox"/>

Is this a transfer of IFQ or IPQ only due to a hardship (medical emergency, etc.)? Yes ☐ No ☐

If YES, provide documentation supporting the need for such transfer (doctor's statement, etc.).

### ***BLOCK B - TRANSFEROR (SELLER)***

The transferor is the person currently holding the QS, PQS, IFQ, or IPQ.

1. Name:

2. NMFS Person ID:

3. SSN\* or Tax ID:

4. Permanent Business Mailing Address:

5. Temporary Business Mailing Address (see instructions):

6. Business Telephone Number:

7. Business Facsimile Number:

8. E-mail address (if available):

*\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.*

**BLOCK C - TRANSFEREE (BUYER)**

The transferee is the person receiving QS, PQS or IFQ, IPQ by transfer.

1. Name:		
2. NMFS Person ID:	3. SSN* or Tax ID:	
4. Permanent Mailing Address:	5. Temporary Mailing Address (see instructions):	
6. Business Telephone Number:	7. Facsimile Number:	8. E-mail address (if available):

*\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.*

**BLOCK D – TRANSFER OF QS or PQS AND IFQ or IPQ****Complete Block F if QS or PQS and IFQ or IPQ are to be transferred together or if you want to transfer QS or PQS only.**

1. QS Species: [ ] EAG [ ] WAG [ ] BBR [ ] PIK [ ] BST [ ] BSS [ ] SMB [ ] WAI	2. QS Type: [ ] CPO [ ] CVO [ ] CPC [ ] CVC [ ] PQS	3. Range of serial numbers to be transferred, numbered to and from: (Serial numbers are shown on QS Certificate)
4. Number of QS Units to be Transferred:	5. Transferor IFQ or IPQ Permit Number:	
6. Do you want all remaining IFQ or IPQ pounds for the current fishing year transferred? Yes [ ] No [ ]  If <b>NO</b> , specify the number of pounds to be transferred: _____		
7. If this is a transfer of CPO QS, how is the CPO QS being transferred? CPO QS [ ] or CVO QS and PQS [ ]		
8. If the CPO QS is being transferred as both CVO QS and PQS, specify number of units of each: CVO QS: _____ PQS: _____		
9. If the CPO QS is being transferred as CVO QS, select the region for which the QS should be designated. (A description of these regions can be found in the instructions accompanying this application.) [ ] North [ ] South [ ] West [ ] Undesignated		

***BLOCK E - TRANSFER OF IFQ OR IPQ ONLY***  
**Complete this Block if you want to Transfer (lease) IFQ or IPQ Only**

1. QS Species: <input type="checkbox"/> EAG <input type="checkbox"/> WAG <input type="checkbox"/> BBR <input type="checkbox"/> PIK <input type="checkbox"/> BST <input type="checkbox"/> BSS <input type="checkbox"/> SMB <input type="checkbox"/> WAI	2. IFQ/IPQ Type: <input type="checkbox"/> CPO <input type="checkbox"/> CVO Class A <input type="checkbox"/> CVO Class B <input type="checkbox"/> CPC Class C <input type="checkbox"/> CVC Class C <input type="checkbox"/> IPQ	3. Range of serial numbers, numbered to and from (Serial Numbers are shown on the QS Certificate):
4. Number of IFQ or IPQ Pounds to be Transferred:	5. Transferor (Seller) IFQ or IPQ Permit Number:	6. Crab Fishing Year of the Transfer:

***BLOCK F – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)***

1. Is there a broker being used for this transaction? <input type="checkbox"/> YES <input type="checkbox"/> NO  If <b>YES</b> , how much is being paid in brokerage fees? \$ _____ or _____ % of total price.
2. What is the <b>total amount</b> being paid for the QS/IFQ or QS/IPQ in this transaction, including all fees? _____
3. Give both the price per unit of QS and the price per pound of IFQ or IPQ.  <div style="display: flex; justify-content: space-between;"> <div>           \$ _____ /Unit of QS            (Price divided by QS Units)         </div> <div>           \$ _____ /# of IFQ/IPQ pounds            (Price divided by IFQ pounds)         </div> </div>
4. What are your reasons for transferring the QS/IFQ or PQS/IPQ? (check all that apply)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           Retirement from fisheries    <input type="checkbox"/> </div> <div style="width: 50%;">           Shares too small to fish    <input type="checkbox"/> </div> <div style="width: 50%;">           Consolidation of shares    <input type="checkbox"/> </div> <div style="width: 50%;">           Pursue non-fishing activities    <input type="checkbox"/> </div> <div style="width: 50%;">           Trading shares    <input type="checkbox"/> </div> <div style="width: 50%;">           Hardship (please describe)    <input type="checkbox"/> </div> <div style="width: 50%;">           Health problems    <input type="checkbox"/> </div> <div style="width: 50%;">           Enter other fisheries    <input type="checkbox"/> </div> <div style="width: 50%;">           Other (please explain)    <input type="checkbox"/> </div> </div>

***BLOCK G – METHOD OF FINANCING FOR THE QS, PQS, AND/OR IFQ, IPQ (TRANSFeree)***

1. Will the QS/IFQ or QS/IPQ being purchased have a lien attached? YES ☐ NO ☐

If **YES**, name of lien holder \_\_\_\_\_

2. What is the primary source of financing for this transfer? (check one)

Personal resources (cash) ☐ AK Com. Fish & Ag. Bank ☐ Received as a gift ☐

Private bank/credit union ☐ Transferor/seller ☐ NMFS loan program ☐

Alaska Dept. Of Commerce ☐ Processor/fishing company ☐ Other (explain) ☐

3. How was the QS/IFQ or PQS IPQ located? (check all that apply)

Relative ☐ Advertisement/public notice ☐ Broker ☐

Personal friend ☐ Casual acquaintance ☐ Other (explain) ☐

4. What is the relationship, if any, between the transferor and the transferee? (check all that apply)

No relationship ☐ Business partner ☐ Other (explain) ☐

Family member ☐ Friend ☐

5. Is there an agreement to return the QS/IFQ or PQS/IPQ to the Transferor , or any other person, or with a condition placed on resale?

☐ Yes ☐ No

If **yes**, provide written explanation.

6. Indicate:

Has EDR been submitted, as required under §680.6? YES ☐ NO ☐

Have all fees been paid, as required by § 680.44? YES ☐ NO ☐

*This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application. Additionally, applications involving the permanent transfer of Processor QS (PQS) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.*

BLOCK H – CERTIFICATION OF TRANSFEROR	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete	
1. Signature of Transferor or Authorized Agent:	2. Date:
3. Printed Name Transferor or Authorized Agent <b>Note:</b> If this is completed by an agent, attach authorization:	

4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK I – CERTIFICATION OF TRANSFeree	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferee or Authorized Agent:	2. Date:
3. Printed Name of Transferee or Authorized Agent <b>Note:</b> If this is completed by an agent, attach authorization:	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### **ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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**INSTRUCTIONS:  
Application for Transfer of Crab  
QS/IFQ or PQS/IPQ**

**A Separate Application must be submitted for each QS, IFQ, PQS, or IPQ Transfer.**

The original application must be submitted. An application sent by facsimile will **not** be processed.

**Applications involving the permanent transfer of Processor QS (PQS) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal (ROFR) on the sale of this PQS.**

**Please allow at least ten working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

When completed, mail the application to

**NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

**Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.**

***BLOCK A – TYPE OF TRANSFER***

Indicate the type of QS, PQS, IFQ or IPQ transfer you are seeking through this application.

If you are transferring your IFQ or IPQ for the current fishing season because of a hardship, such as a medical emergency, you must provide documentation supporting the need for such transfer to occur. For example, a medical emergency would require a statement from a licensed physician outlining the nature and duration of the emergency.

If requesting transfer of PQS/IPQ for use outside an ECC that has designated an entity to represent it in exercise of right of first refusal (ROFR), attach to the application an affidavit signed by the applicant stating that notice of the desired transfer has been provided to the Eligible Crab Community (ECC) entity under civil contract terms referenced under § 680.40(f)(3) for the transfer of any PQS or IPQ subject to ROFR.

**BLOCKS B & C -- TRANSFEROR (SELLER) AND TRANSFEREE (BUYER)**

1. Name: Full name as it appears on QS Certificate and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Certificate or TEC.
3. SSN or Tax ID:

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.*

4. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
5. Temporary Business Mailing Address: Address you want the transfer documentation sent if some-where other than to the permanent address. Include street or P.O. Box number, city, state, and zip code.
- 6-8. Business Telephone number, Facsimile number, and E-mail address: Include the area codes.

The information requested in lines 1-6 of Blocks D and E can be found on your Crab QS Certificate. Crab Quota Share can be identified in the following manner: species, QS type (CVO, CPO, CPC, CVC or PQS) starting serial number, *through* species, QS type, and ending serial number. For example, **BBR-CPO-123,456 THROUGH BBR-CPO-789,493**]

**BLOCK D – TRANSFER OF QS or PQS and IFQ or IPQ**

**This block should only be completed if you are transferring QS or PQS and the IFQ or IPQ resulting from these shares. Persons wishing to transfer IFQ or IPQ only (leasing), should complete Block E.**

1. QS Species:

Eastern AI golden king (EAG)	Bering Sea <i>C. bairdi</i> (BST)
Western AI golden king (WAG)	Bering Sea <i>C. opilio</i> (BSS)
Bristol Bay red king (BBR)	St. Matthew blue king (SMB)
Pribilof red and blue king (PIK)	Western AI red king (WAI)
2. QS Type: Catch-Processor Owner (CPO), Catcher Vessel Owner (CVO), Crew Catcher/Processor (CPC), Crew Catcher Vessel (CVC), Processor (PQS).
3. Starting serial number of shares to be transferred to the ending serial number of shares to be transferred.
4. Number of units to be transferred.
5. Transferor IFQ or IPQ permit number.
6. Indicate (YES or NO) whether you want all remaining IFQ or IPQ pounds for the current fishing year transferred; if NO, specify the number of pounds to be transferred.

7. If this is a transfer of CPO QS, indicate how the CPO QS is being transferred: CPO QS or CVO QS and PQS.
8. If the CPO QS is being transferred as both CVO QS and PQS, specify number of units of each.
9. If the CPO QS is being transferred as CVO QS, enter the region for which the QS should be designated:

North Region:	Is defined as all areas on the Bering Sea north of 56 20' North Latitude.
South Region:	Is defined as all areas not included in the North Region.
West Region:	Applies only to the Western Aleutian Islands golden king crab fishery. Under this regional designation, 50 percent of the CVO QS issued in the fishery is designated as West Region and is limited for delivery West of a line at 174°W longitude.
Undesignated QS:	May be delivered in any region.

**CVO and PQS involved in this transfer must be given the same regional designation.**

#### ***BLOCK E - TRANSFER OF IFQ OR IPQ ONLY***

**This box should be completed if IFQ or IPQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares.**

1. QS Species:
 

Eastern AI golden king (EAG)	Bering Sea <i>C. bairdi</i> (BST)
Western AI golden king (WAG)	Bering Sea <i>C. opilio</i> (BSS)
Bristol Bay red king (BBR)	St. Matthew blue king (SMB)
Pribilof red and blue king (PIK)	Western AI red king (WAI)
2. IFQ/IPQ Type: Catch-Processor Owner (CPO) – Class A, Catcher Vessel Owner (CVO) Class A or Class B, Crew Catcher/Processor (CPC), Crew Catcher Vessel (CVC), Processor (IPQ).
3. Starting serial number of shares to be transferred to the ending serial number of shares to be transferred.
4. Number of IFQ or IPQ pounds to be transferred.
5. Transferor (seller) IFQ or IPQ permit number.
6. Crab Fishing Year of the Transfer. The fishing year is the current year or year in which IFQ or IPQ should be transferred. A transfer of IFQ or IPQ only cannot be completed until the IFQ or IPQ has been awarded for that year. A transfer of IFQ or IPQ is valid only for the current fishing year.

#### ***BLOCK F - PRICE PAID FOR THE QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)***

1. Indicate (YES or NO) whether a broker is being used for this transaction.

If YES, indicate amount paid in brokerage fees or percentage of total price.

The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ or PQS/IPQ, then multiply the result by 100.

2. Enter the total amount paid for the QS/IFQ or QS/IPQ in this transaction, including all fees.

3. Enter both the price per unit of QS and the price per pound of IFQ or IPQ.
4. Indicate reasons for transferring the QS/IFQ or PQS/IPQ (check all that apply)

***BLOCK G – METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ, IPQ***

1. Indicate (YES or NO) whether the QS/IFQ or QS/IPQ being purchased will have a lien attached.

If YES, enter name of lien holder. This name will appear on the QS or PQS Certificate as a ‘Lien Held by.’”

2. Indicate one primary source of financing for this transfer (check one).
3. Indicate all that apply describing how the QS/IFQ or PQS/IPQ was located.
4. Indicate all that apply describing buyer’s relationship to the QS/IFQ or QS/IPQ holder.
5. Indicate (YES or NO) whether an agreement exists to return the QS/IFQ or PQS/IPQ to the transferor, or any other person, or a condition placed on resale. If yes, explain.
6. Indicate (YES or NO) whether EDR has been submitted and whether all fees are paid.


***NOTE: This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application***

***BLOCK H - CERTIFICATION OF TRANSFEROR***

1. Printed name and signature of transferor and date signed.
  2. Signature of Notary Public, date commission expires, and notary stamp or seal.
- If a designated representative, attach documentation proving authorization.

***BLOCK I - CERTIFICATION OF TRANSFEREE***

1. Printed name and signature of transferee and date signed.
  2. Signature of Notary Public, date commission expires, and notary stamp or seal.
- If a designated representative, attach documentation proving authorization.

<b>Application for Transfer of CRAB QS/IFQ to or from a Eligible Crab Community Organization (ECCO)</b>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free (907) 586-7202 in Juneau (907) 586-7354 fax	
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### ***BLOCK A – GENERAL REQUIREMENTS***

- This form may only be used if an Eligible Crab Community Organization (ECCO) is the proposed transferor (seller) or the proposed transferee (buyer) of the Quota Share (QS) or Individual Fishing Quota (IFQ). If that is not the case, a different RAM form must be used.
- The party to whom a ECCO is seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC) issued by RAM.
- If the ECCO is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.
- Attach a copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ. This application will not be approved until the Regional Administrator has reviewed and approved the transfer agreement signed by the parties to the transaction.
- If authorized representative represents either the transferor or transferee, proof of authorization to act on behalf of transferor or transferee must be attached to the application.
- An affirmation must be attached to this applicant that the individual receiving IFQ from an ECCO has been a permanent resident in the ECC for a period of 12 months prior to the submission of this application to or from an ECCO on whose behalf the ECCO holds QS.
- The ECCO applying to receive or transfer crab QS must submit verification that he/she submitted a completed annual report.
- Prior to approving a transfer, NMFS must be able to verify that the person applying to make or receive the QS, PQS, IFQ or IPQ transfer has submitted an EDR, if required, and paid all fees.

### ***BLOCK B – TRANSFEROR (SELLER) INFORMATION***

1. Name:		2. NMFS Person ID:	3. SSN* or Tax ID:
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address (if applicable):	
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail address:	
9. Is transferor an ECCO?  YES [ ] NO [ ]      If YES, provide name of Community represented by the ECCO:			
Name of Community:			
<small>* The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.</small>			

**BLOCK C – TRANSFeree (BUYER) INFORMATION**

1. Name		2. NMFS Person ID:	3. SSN* or Tax ID:
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone Number:	7. Fax Number		8. E-mail Address:
9. If transferee is an ECCO, Name of Community represented by the ECCO:			
<small>* <b>The Debt Collection Improvement Act</b>, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.</small>			

**BLOCK D -- IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED**  
(Complete Block F if QS and IFQ are to be transferred together or if you are applying to transfer QS only)

1. QS Species: <input type="checkbox"/> EAG <input type="checkbox"/> WAG <input type="checkbox"/> BBR <input type="checkbox"/> PIK <input type="checkbox"/> BST <input type="checkbox"/> BSS <input type="checkbox"/> SMB <input type="checkbox"/> WAI		2. QS Type: <input type="checkbox"/> CPO <input type="checkbox"/> CVO <input type="checkbox"/> PQS <input type="checkbox"/> CPC <input type="checkbox"/> CVC	
3. Number of QS or IFQ to be transferred:	4. Number of IFQ pounds:	5. Total QS units:	
6. Range of serial numbers to be transferred (shown on QS certificate): To		From	
7. Name of community to which QS are currently assigned:			
8. Should remaining IFQ pounds for the current fishing year be transferred?  YES <input type="checkbox"/> NO <input type="checkbox"/>		If NO, specify number of pounds to be transferred:	
<b>9. Transfer of IFQ only</b>			
IFQ permit number:	Year of permit:	Actual number of IFQ pounds to be transferred:	
10. Reason for transfer (check all that apply):  <input type="checkbox"/> ECCO management and administration <input type="checkbox"/> Dissolution of ECCO  <input type="checkbox"/> Fund additional QS purchase <input type="checkbox"/> Other (specify)  <input type="checkbox"/> Participation by community residents			

**BLOCK E – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)**

1. Is a broker being used for this transaction?    ☐ YES    ☐ NO

If **YES**, how much is being paid in brokerage fees? \$\_\_\_\_\_ or \_\_\_\_\_ % of total price.

2. What is the **total amount** being paid for the QS/IFQ or QS/IPQ in this transaction, including all fees?

3. Give both the price per unit of QS and the price per pound of IFQ or IPQ:

\$\_\_\_\_\_/Unit of QS

\$\_\_\_\_\_/# of IFQ/IPQ

(Price divided by QS Units)

(Price divided by IFQ pounds)

4. Reason for transfer (check all that apply)

☐ ECCO management and administration

☐ Dissolution of ECCO

☐ Fund additional QS purchase

☐ Other (specify)

☐ Participation by community residents

**BLOCK F – METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ, IPQ (TRANSFeree)**

1. Will the QS/IFQ being purchased have a lien attached?

YES ☐ NO ☐ If YES, provide the name of lien holder:

2. What is the primary source of financing for this transfer? (check one)

Personal resources (cash)    ☐    AK Com. Fish & Ag. Bank    ☐    Received as a gift    ☐

Private bank/credit union    ☐    Transferor/seller    ☐    NMFS loan program    ☐

Alaska Dept. Of Commerce    ☐    Processor/fishing company    ☐    Other (explain)    ☐

3. How was the QS/IFQ located? (check all that apply)

Relative    ☐    Advertisement/public notice    ☐    Broker    ☐

Personal friend    ☐    Casual acquaintance    ☐    Other (explain)    ☐

4. What is the relationship, if any, between the transferor and the transferee? (check all that apply)

No relationship    ☐    Business partner    ☐    ECCO Community Member    ☐

Other (please explain)    ☐

5. Is there an agreement to return the QS or IFQ to the transferor, or any other person, or with a condition placed on resale?

YES ☐ NO ☐

If YES, please explain:

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ.

*This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application. Additionally, applications involving the permanent transfer of Processor QS (PQS) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.*

BLOCK G – CERTIFICATION OF TRANSFEROR	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferor or Authorized Agent:	2. Date:
3. Printed Name Transferor or Authorized Agent:	
<b>Note:</b> If completed by an agent, attach authorization:	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK G – CERTIFICATION OF TRANSFeree	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferee or Authorized Agent:	2. Date:
3. Printed Name Transferee or Authorized Agent:	
<b>Note:</b> If completed by an agent, attach authorization:	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

**BLOCK H – CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE**

**(Required only when ECCO proposes to permanently transfer Quota Share)**

I am a duly authorized representative of the community (listed in Block C or Block D) on whose behalf the ECCO is proposing to transfer QS; by my signature below, I attest that the applicant ECCO has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.

1. Signature of Community Representative:	2. Date:
3. Printed Name and Title of Community Representative:	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**Instructions**  
**APPLICATION TO TRANSFER QS/IFQ TO, OR FROM,**  
**AN ELIGIBLE CRAB COMMUNITY ORGANIZATION (ECCO)**

The Crab Individual Fishing Quota (IFQ) program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all Quota Share (QS) and its associated annual IFQ must be approved, in advance, by RAM.

In 2005 the Secretary of Commerce adopted the Crab IFQ program, this program provides that cities and boroughs may hold, and to fish, QS and IFQ. Such communities are represented by an Eligible Crab Community Organization (ECCO), who must use a special application form to provide for transfers of QS/IFQ to and from (and between) ECCOs. These instructions are designed to help you to use that special transfer application form. Some general rules pertain, as follows:

An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided.

- Please submit a **separate application** for each proposed QS or IFQ permit transfer.
- Please complete the **entire application, including all attachments**; failure to do so could result in delays in the processing of your application.
- Please submit an **original application** only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- Please ensure that signatures on the application are **original and are notarized**. RAM will not process an application that does not bear original signatures (faxed applications will be returned); all signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.
- When completed, mail the original application to:

**Alaska Region, National Marine Fisheries Service**  
**Restricted Access Management (RAM)**  
**P.O. Box 21668**  
**Juneau, AK 99802-1668**

OR

- When completed, deliver the original application to:
  - **Alaska Region, National Marine Fisheries Service**
  - **Restricted Access Management (RAM)**
  - **Room 713, Federal Building**
  - **709 West 9<sup>th</sup> Street**
  - **Juneau, AK 99802-1668**
- Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

- If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

**Telephone (toll Free):** 1-800-304-4846 (press A2")  
**Telephone (Juneau):** 907-586-7202  
**E-Mail Address:** RAM.Alaska@noaa.gov  
**Web Site:** www.fakr.noaa.gov/ram

### ***BLOCK A – GENERAL REQUIREMENTS***

Note that this application form is only to be used to apply for a transfer of Quota Share (QS) or Individual Fishing Quota (IFQ) to or from an Eligible Crab Community Organization (ECCO); if a ECCO is not a party to the proposed transfer, another application form should be used.

Note, as well, that any party to whom the QS/IFQ is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC) and that, if the application is to permanently transfer QS from a ECCO to another party, the application must be signed by a representative of the community for whom the ECCO holds the QS.

### ***BLOCK B – TRANSFEROR (SELLER) INFORMATION***

1. Legibly (print or type) enter the name of the transferor; this should be the full name as it appears on the QS Certificate or the TEC
2. Enter the ANMFS Person ID@ (as set out on the QS Certificate or the TEC).
3. Enter the party's SSN\* or Tax ID

**\*The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

4. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.
5. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 6-8. Enter business telephone number, business fax number, and E-mail address (if available).
9. If transferor is a ECCO, enter the name of the community on whose behalf the ECCO is applying.

### ***BLOCK C – TRANSFEREE (BUYER) INFORMATION***

1. Legibly print or type the name of the transferee; this should be the full name as it appears on the QS Certificate or the TEC.
2. Enter the NMFS Person ID (as set out on the QS Certificate or the TEC).

3. Enter the party's SSN\* or Tax ID

**\*The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

4. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.

5. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).

6-8. Enter business telephone number, business fax number, and E-mail address (if available).

9. If the proposed transferee is a ECCO, enter the name of the community on whose behalf the ECCO is applying.

***BLOCK D – IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED***

1. Enter the QS species and QS type.

2. Enter the number of QS or IFQ units to be transferred, the total QS units, number of IFQ pounds, and the range of serial numbers to be transferred (shown on the QS certificate).

3. If the transfer application is submitted on behalf of the community represented by the applicant ECCO, enter the name of the community.

4. Indicate (YES or NO) whether all remaining IFQ pounds for the current fishing year are to be transferred; if NO, specify the number of pounds to be transferred.

***BLOCK E – TRANSFER OF IFQ ONLY (PLEASE@ OF IFQ)***

This block should only be completed if the ECCO is applying to transfer IFQ to a permanent resident of the community on whose behalf the ECCO holds the QS.

1. Identify the IFQ to be transferred by entering the IFQ Permit Number and Year.

2. Enter the actual number of IFQ pounds to be transferred.

***BLOCK F – REQUIRED SUPPLEMENTAL INFORMATION***

If the proposed transferor is an ECCO, indicate the reasons you are proposing this transfer (check all that apply).

***BLOCK G – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)***

Indicate (YES or NO) whether a broker was used for this transaction.

If YES, enter total price paid to the broker or calculate how much was paid as a percentage of the total price. Enter total amount being paid for the QS/IFQ in this transaction, including all fees.

Enter price per unit of QS and the price per pound of IFQ.

Indicate reasons (check all that apply) for transferring QS/IFQ.

***BLOCK H - METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ, IPQ (TRANSFeree)***

Indicate (YES or NO) whether the QS/IFQ being purchased will have a lien attached.

If YES, enter name of lien holder.

Indicate one primary source of financing for this transfer.

Indicate all that apply describing how the QS/IFQ was located.

Indicate the relationship, if any, between the transferor and the transferee.

Indicate (YES or NO) whether an agreement exists to return the QS or IFQ to the transferor or any other person, or with a condition placed on resale; if YES, explain.

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ.

***CERTIFICATION OF TRANSFEROR***

Printed name and signature of transferor and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

***CERTIFICATION OF TRANSFeree***

Printed name and signature of transferee and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

***CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE***

Printed name and signature of ECCO community representative and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

## APPLICATION FOR INTER-COOPERATIVE TRANSFER

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free  
(907) 586-7202 in Juneau  
(907) 586-7354 fax

### ***BLOCK A – GENERAL REQUIREMENTS***

- § This form may only be used to transfer crab cooperative IFQ from one crab harvesting cooperative to another; if that is not the case, a different RAM form must be used.
- § RAM will not process an application that does not bear original signatures (applications submitted by FAX will be returned); all signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- § An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the authorized representative's authority to do so is provided.

### ***BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)***

1. Name of Crab Harvesting Cooperative:	2. NMFS Person ID:
3. Date of Incorporation:	4. Tax ID*:
5. Name of Crab Harvesting Cooperative's Representative:	
6. Permanent Business Mailing Address:	7. Temporary Business Mailing Address ( <i>see instructions</i> ):
8. Business Telephone Number:	9. Business Fax Number:
10. E-mail address:	

\* **The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

### ***BLOCK C – IDENTIFICATION OF CRAB HARVESTING COOPERATIVE MEMBER***

1. Name:	2. NMFS person ID:
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**BLOCK D IDENTIFICATION OF TRANSFEREE (LESSEE)**

1. Name of Crab Harvesting Cooperative:		2. NMFS Person ID:	
3. Date of Incorporation:		4. Tax ID*:	
5. Name of Crab Harvest Cooperative Representative:			
6. Permanent Business Mailing Address:		7. Temporary Business Mailing Address ( <i>see instructions</i> ):	
8. Business Telephone Number:	9. Fax Number:		10. E-mail Address:

**BLOCK E – CRAB COOPERATIVE IFQ TO BE TRANSFERRED**

1. Type of crab cooperative IFQ being transferred:	2. Crab cooperative IFQ permit number:	Year Issued:
3. Are all remaining pounds for the current fishing year to be transferred?    Yes [ ]    No [ ] If <b>NO</b> , specify the number of pounds to be transferred:		

**BLOCK F – PRICE PAID FOR Q, PQS AND/OR IFQ, IPQ (TRANSFEROR)**

1. Is there a broker being used for this transaction?    [ ] Yes    [ ] No If <b>yes</b> , how much is being paid in brokerage fees?    \$ _____ or _____ % of total price.	
2. What is the <b>total amount</b> being paid for the IFQ in this transaction, including all fees?    \$ _____	
3. Please provide the price per pound of IFQ. \$ _____ /Pound of IFQ	

***CERTIFICATION OF TRANSFEROR***

**Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.**

1. Signature of transferor:

2. Date:

3. Printed name of transferor (If an authorized representative, attach authorization to application):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

***CERTIFICATION OF TRANSFeree***

**Under penalty of perjury, I swear, or affirm, that I have examined this application, and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.**

1. Signature of transferee or authorized agent:

2. Date:

3. Printed name of transferee (If authorized representative, attach authorization to application):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p style="text-align: center;"><b>Instructions</b> <b>INTER-COOPERATIVE TRANSFER APPLICATION</b></p>
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**General Information**

The crab QS and Individual Fishing Quota (IFQ) program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all Quota Share (QS) and its associated annual IFQ must be approved, in advance, by RAM.

Crab harvesting cooperatives may transfer annual crab cooperative IFQ between one another; completion of this application form is required to conduct such transfers. These instructions are designed to help you to use this special transfer application form. Some general rules pertain, as follows:

- \$ Please submit a **separate application** for each proposed crab cooperative IFQ permit transfer.
- \$ Please complete the **entire application, including all attachments**; failure to do so could result in delays in the processing of your application.
- \$ Please submit an **original application** only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- \$ Please insure that signatures on the application are **original and are notarized**; because of the legal importance of these documents, RAM will not otherwise process the application.
- \$ Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.
- \$ When completed, mail (or deliver) the original application to:

**Alaska Region, National Marine Fisheries Service**  
**Restricted Access Management (RAM)**  
**P.O. Box 21668**  
**Room 713, Federal Building**  
**709 West 9<sup>th</sup> Street**  
**Juneau, AK 99802-1668**

- \$ Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.
- \$ If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

<b>Telephone (toll Free):</b>	<b>1-800-304-4846 (press A2")</b>
<b>Telephone (Juneau):</b>	<b>907-586-7202</b>
<b>E-Mail Address:</b>	<b>RAM.Alaska@noaa.gov</b>
<b>Web Site:</b>	<b><a href="http://www.fakr.noaa.gov/ram">www.fakr.noaa.gov/ram</a></b>

## ***BLOCK A – GENERAL REQUIREMENTS***

Note that this application form is only to be used to apply for a transfer of crab cooperative IFQ from one crab harvesting cooperative to another crab harvesting cooperative.

## ***BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)***

Name, NMFS Person ID, and Tax ID\* of crab harvesting cooperative.

**\*The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

Date of incorporation.

Name of crab harvesting cooperative's representative.

Permanent business mailing address, including P.O. Box number or street, city, state, and zip code.

Temporary business mailing address, if applicable.

Business telephone number, fax number, and E-mail address (if available).

## ***BLOCK C – IDENTIFICATION OF CRAB HARVESTING COOPERATIVE MEMBER***

Name and NMFS person ID of the member to whose use cap the crab harvesting cooperative IFQ will be applied.

## ***BLOCK D – IDENTIFICATION OF TRANSFEREE (LESSEE)***

Name, NMFS Person ID, and Tax ID\* of crab harvesting cooperative.

Date of incorporation.

Name of crab harvesting cooperative's representative.

Permanent business mailing address, including P.O. Box number or street, city, state, and zip code.

Temporary business mailing address, if applicable.

Business telephone number, fax number, and E-mail address (if available).

**\*The Debt Collection Improvement Act**, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 680.

## ***BLOCK E – CRAB COOPERATIVE IFQ TO BE TRANSFERRED***

Type of crab cooperative IFQ being transferred.

Crab cooperative IFQ permit number and year issued.

Indicate (YES or NO) whether all remaining pounds for the current fishing year are to be transferred.

If NO, specify the number of pounds to be transferred.

## ***BLOCK F – PRICE PAID FOR QS, PQS AND/OR IFQ, IPQ (TRANSFEROR)***

Inter-cooperative Transfer Application

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Indicate (YES or NO) whether a broker is being used for this transaction.

If YES, enter total price paid to the broker or percentage of the total sale price.

Enter total amount being paid for the IFQ in this transaction, including all fees.

Enter price per pound of IFQ.

***CERTIFICATION OF TRANSFEROR***

Printed name and signature of transferor and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.

***CERTIFICATION OF TRANSFeree***

Printed name and signature of transferee and date signed.

If authorized representative, attach authorization to the application.

Signature of Notary Public, date commission expires, and notary seal or stamp.